Texas Kids Intervention Data System

TKIDS

Department of Assistive and Rehabilitative Services
Division for Early Childhood Intervention Services
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TEXAS
Department of Assistive
and Rehabilitative Services

Texas Kids Intervention Data System (TKIDS) is an information and reporting system of the Division for Early Childhood Intervention Services (ECI), Texas Department of Assistive and Rehabilitative Services.

All names in the TKIDS User Manual are purely fictitious.

TKIDS USER MANUAL

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Chapter 1: Introduction to TKIDS

The Division for Early Childhood Intervention Services (ECI) of the Texas Department of Assistive and Rehabilitative Services (DARS) is responsible for serving families with children birth to 36 months with developmental delays or disabilities. The ECI service system is supported by state, federal and local funds and is administered in accordance with federal legislation, the Individuals with Disabilities Education Act (IDEA), Part C.

The Texas Kids Intervention Data System, or TKIDS, is an automated system developed to collect information on children's progress through the early intervention service system, and to record the types of services provided to children and their families. TKIDS information is used to:

- Help ECI plan, monitor and budget for services;
- Assist local programs in managing their ECI programs;
- Identify programmatic areas in need of improvement; and
- Fulfill state and federal government reporting requirements.

Using the TKIDS User Manual

The TKIDS User Manual describes the TKIDS application, its features and procedures for using those features. The manual is organized into chapters, each of which is divided into several sections. In addition, seven appendices provide more detailed information on different aspects of TKIDS data. The Table of Contents gives an overview of the manual and is designed to assist users in quickly locating instructions and procedures. When the user moves the cursor over a Table of Contents entry, pressing Ctrl or Ctrl-click will navigate to that page. There are several other hyperlinks throughout the manual. Pressing Alt-left arrow will navigate back to the previous page.

Chapter 1: Provides an introduction to the manual, an overview of the other chapters and appendices, and information on how to obtain additional assistance.

Chapter 2: Describes how to access and login to the TKIDS application.

Chapter 3: Provides an overview of the types of data in TKIDS and the system's organization. Also included are general hints and tips for data entry.

Chapter 4: Describes very specific, detailed procedures for using TKIDS for child, family and services information.

Chapter 5: Describes procedures for using program and personnel/employee information.

Chapter 6: Describes how to use Global Actions

Chapter 7: Presents information on security features.

Chapter 8: Describes data cleanup procedures.

Appendix A – TKIDS Data Dictionary: Provides definitions of data fields and/or their response options.

Appendix B - Edit, Logical Consistency and Validation Checks: Details data entry restrictions that are incorporated within TKIDS.

Appendix C - Birth Weight Conversion : Includes a table that can be used to convert grams to pounds/ounces to report the child's birth weight.

Appendix D – Qualifying Diagnoses: Names and ICD-9 Codes: Provides information for reporting diagnoses and ICD-9 codes for children that qualify with a medically diagnosed condition.

Security Agreement: Includes the DARS security form that authorizes TKIDS users and binds the users to ensure the security and confidentiality of ECI client and administrative data in TKIDS.

How to Get Help

The chapters and appendices in this manual provide valuable information and were developed to make it easier for the user to use TKIDS. The user should review it first to clarify issues that arise as the application is used – for technical problems, procedural questions or definitions.

Questions about procedures or definitions, e.g., how to interpret a specific item, may be submitted via email to tkids@dars.state.tx.us. Some questions may arise that have more to do with program policy than TKIDS. Policy questions should be directed to the AskECI@dars.state.tx.us mailbox or to the assigned performance manager.

The DARS Help Desk will help users login, reset passwords, and respond to technical problems (e.g., error messages or functions that are not working). The toll-free number for the DARS Help Desk is 1-866-405–4537.

Note: If there is any discrepancy between information contained in this manual and ECI's rules or standards, the rules and standards take precedence over this manual.

Chapter 2: TKIDS Access and Login

This section summarizes information about system requirements, internet access and login procedures for the TKIDS application.

Minimum System Requirements

The following are "minimum" requirements for a workstation to run the TKIDS web application:

- Windows Operating System (XP or later)
- Functional standard high speed internet connection; Internet Explorer version 6, 7, or 8
- VGA or higher resolution monitor; Super VGA recommended

User Authorization

In order to use the TKIDS application, individuals must first submit a security agreement to obtain a user name and password. See Security Agreement.

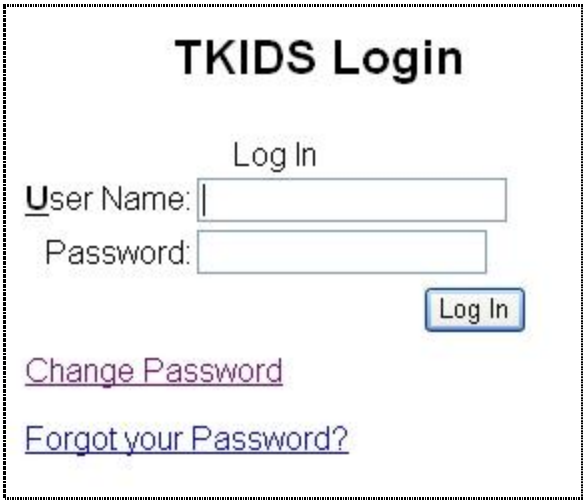
The TKIDS application allows three different levels of security for program staff, which determine the extent of user access to data.

- Users who are granted **Read-Only** access can read case data, but cannot insert, edit or delete records in the database.
- Users who are granted **Case User** access have read and write access to case records in the database. They can insert, edit and delete records in the database pertaining to child cases.
- Users who are granted **Case Admin** access have read and write access to the same case data as the Case User level, and the Case Admin can also insert, edit and delete parts of employee and program records.

Login Instructions

1. After submitting a completed DARS ECI Security Agreement, the user will receive a user name (login), and temporary password from the DARS Help Desk. Passwords are case sensitive, so be sure to note whether letters are upper or lower case.

2. The internet browser (e.g., Internet Explorer) must be used to access the TKIDS web site (URL) at: https://pier.dars.state.tx.us
   Upon clicking the link above, the following Login screen will appear:

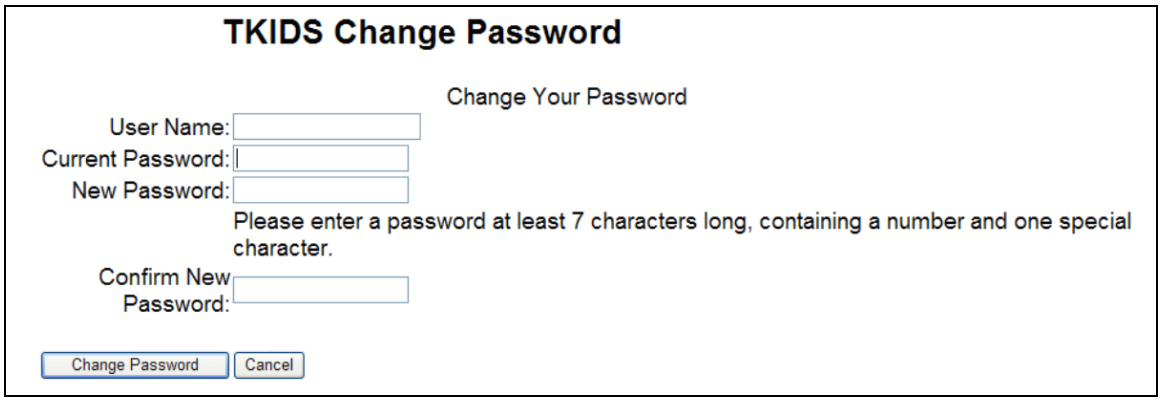


3. The user does the following to log in:
   - In the **User Name** box, enters his/her current TKIDS user name (login);
   - In the **Password** box, enters his/her password; and
   - Clicks on the **Log In** button.

   NOTE: If logging in for the first time, the user should NOT click on the ***Change Password*** link. See below, Additional Information.

4. After the first login, the user must change his/her password. The **Change Password** screen below will appear. A new password must be chosen that meets the following rules:

   - Passwords must contain a minimum of 7 characters, but no more than 16.
   - Passwords are case sensitive.
   - Passwords must contain characters from each of the following classes:
   - English upper or lower case letters (Example: A, B, C ... Z, a, b, c ... z)
   - Westernized Arabic numbers (Example: 0, 1, 2 ... 9)
   - Non-alphanumeric characters (Example: !, @, # ... &)



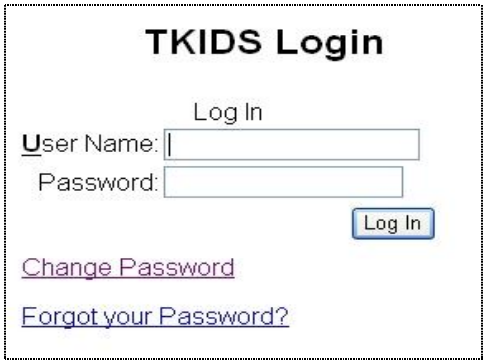
5. To change the password, the user does the following:

- In the **New Password** box, enters a new password, and in the **Confirm New Password** box, reenters the new password; and
- Clicks on the **Change Password** button.

If the user decides not to change the password at this time, the **Cancel** button should be selected.

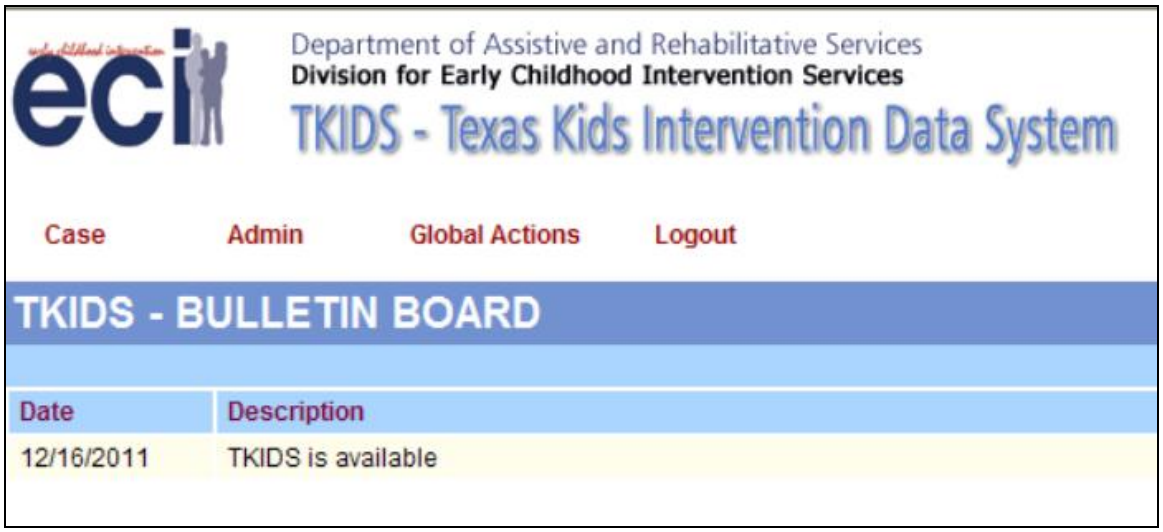
6. If the password is successfully changed, the following message will appear:

7. When clicking on the **Continue** button, the TKIDS login screen will appear and the user may log in with the new password.



8. To log in, the user does the following:
   - In the **User Name** box, enters his/her current TKIDS user name;
   - In the **Password** box, enters a new password; and
   - Clicks on the **Log In** button.

9. Upon successfully logging in, the **TKIDS main page** similar to the screen below will appear.



Additional Information:

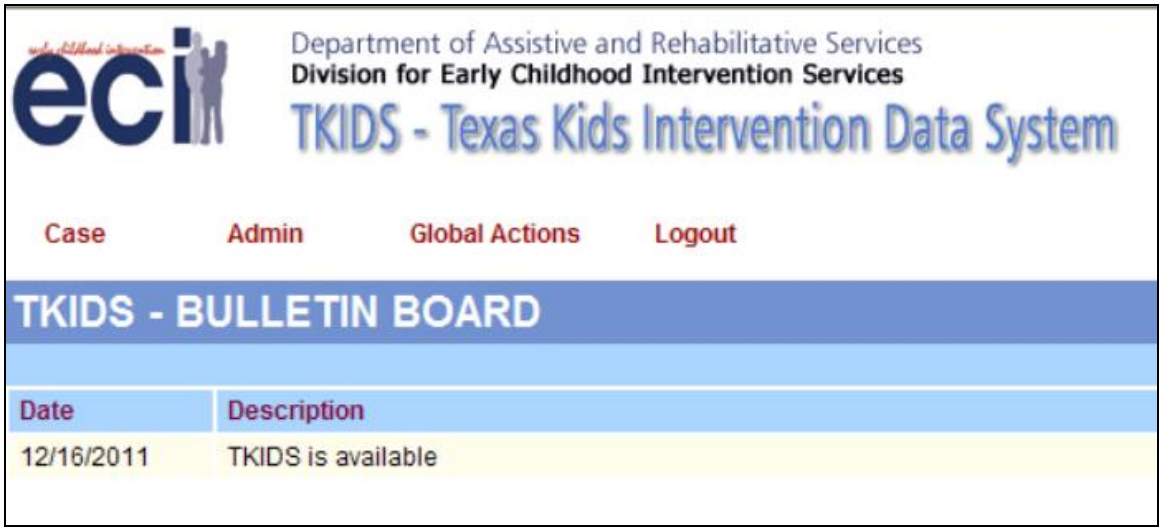
After logging in with the new password, the password can be changed at any time by clicking the ***Change Password*** link.

If the user forgets his/her password, clicking the ***Forgot Your Password?*** link will provide a number to call to have the password reset.
The new password should be remembered and should not be shared with anyone.

The password should not be stored in obvious places such as on the user's computer monitor or in a top desk drawer.

Chapter 3: Organization of TKIDS

The **TKIDS main page** consists of the following four menu headings:



Case (link) – Allows users to create, modify or search for information related to a child's case.

Admin (link) – Allows users to enter, modify or search for program and employee information. (**Note:** Only users with **Case Admin** security have access to Admin functions.)

Global Actions (link) – Allows users to identify future actions that need to take place for groups of children.

Logout – allows users to logout of the application.

The main page also has a bulletin board for the posting of TKIDS-related announcements by DARS ECI.

Types of Information

Administrative Data

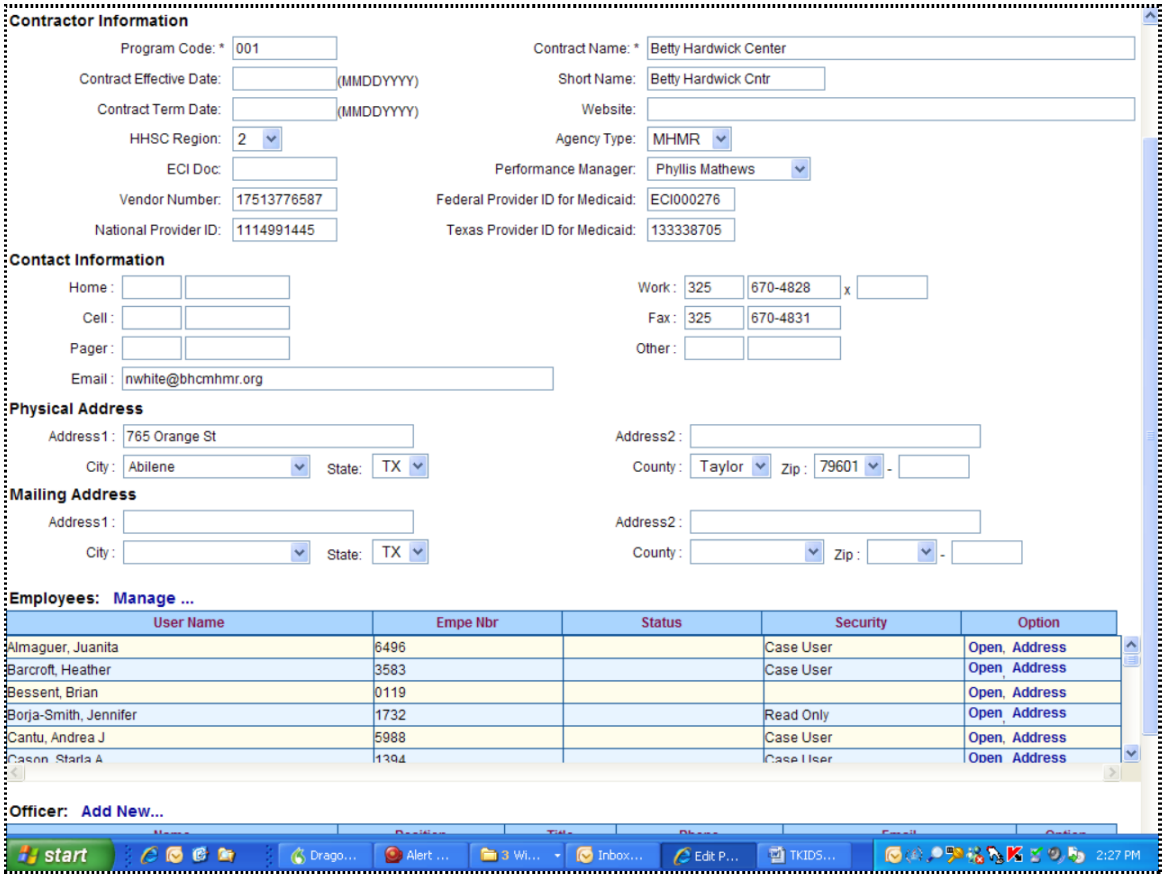
Two types of administrative information are reported through TKIDS:

- program information; and
- employee/user data (user data is only viewable by ECI State Office).

Program Data

The **Program Administration** page contains:

- Program (agency) name;
- Program number (program code); and
- Contact information for the Program Director and program, including:
  - the physical and mailing address of the program,
  - email address, and
  - phone and fax numbers;
- Name, title, phone number and e-mail address of other administrative officers; and
- A function to assign employees/personnel to programs.

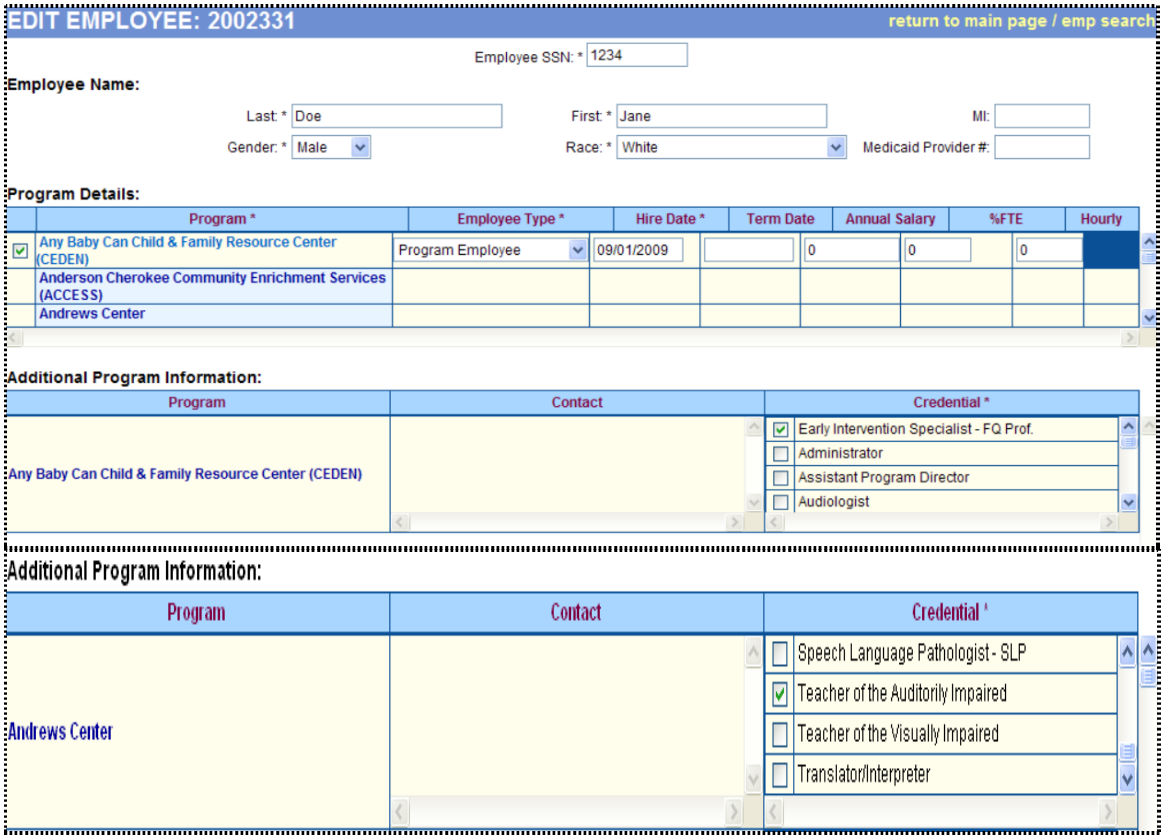


Employee Data

The Employee Administration section details individual employee information for ECI staff and contract employees, including:

- demographic information
- contact information
- hire date
- termination date

- salary
- credentials



Child Data

Child-level information is found in the **Case** section. Child-level information must be entered into TKIDS for all valid referrals.

Valid referrals include all written, phone and face-to-face referrals that the program receives from any source.

- Do not enter information on inappropriate referrals; for example, children three years of age and older.

- Do not enter information on point-of-access referrals. These are referrals for children outside the contracted service area for which the program is acting as a point of access, facilitating referrals to other programs. The program that **receives** the referral for the child in their service area should enter the case.

Once referral information is entered into TKIDS, additional information is required as the child moves through the service system. The additional information

required is described throughout Chapter 4 of the TKIDS User Manual and is summarized at the end of each section. .

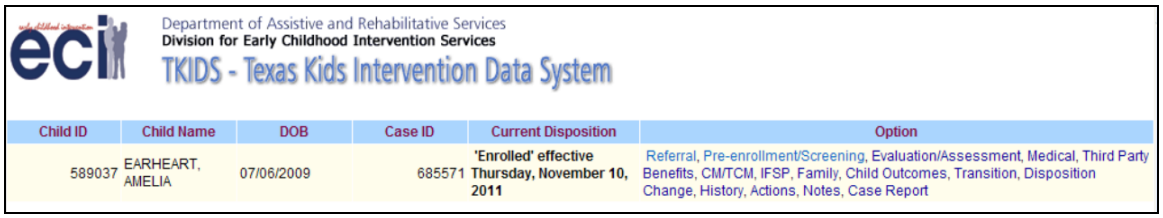
For each child, a child case record is created and appears in the **Case** section (see below).

The top of each page in the case section presents basic identifying information about the child/case, including:

- the child's ID number,
- name,
- case ID number, and
- current disposition with effective date.

The **Effective Date** in **Current Disposition** refers to the date that the child entered into the current disposition. These boxes are read-only and are generated by the system, not the user.

At the right, under **Option**, are the links to the various pages in the Case section.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TKIDS - Texas Kids Intervention Data System

Child ID	Child Name	DOB	Case ID	Current Disposition	Option
589037	EARHEART, AMELIA	07/06/2009	685571	'Enrolled' effective Thursday, November 10, 2011	Referral, Pre-enrollment/Screening, Evaluation/Assessment, Medical, Third Party Benefits, CM/TCM, IFSP, Family, Child Outcomes, Transition, Disposition Change, History, Actions, Notes, Case Report

Options

The **Case** section of TKIDS is organized by pages that are labeled according to the content of information on the page. The following pages are available in the **Case** section:

- **Referral**: Contains child demographic data, referral information, transfer dates and exit dates.

- **Pre-enrollment/Screening**: Contains date of first face-to-face contact and initial and primary service coordinator assignments. This section also contains results of screenings and/or vision, hearing, nutrition and assistive technology needs assessments.

- **Evaluation/Assessment**: Contains information on specific evaluations/assessments as well as information related to the child's eligibility.

- **Medical**: Contains medical information, including the child's physical examination date, immunization status, physicians associated with the child's case, medical diagnoses and therapy prescriptions.

- **Third-Party Benefits**: Contains Medicaid, CHIP, private and other insurance information pertinent to the child.

- **CM/TCM**: Contains Case Management (CM) and Targeted Case Management (TCM) activities.

- **IFSP**: Contains information regarding the Individualized Family Service Plan (IFSP) and planned and delivered services for children enrolled in comprehensive services.

- **Family**: Contains family size, family income and information on individual family members.

- **Child Outcomes**: Contains information on Child Outcome Summary Form (COSF) ratings for various points in time and calculated categories.

- **Transition**: Contains information on the transition plan, transition conference, and notification to Part B.

- **Disposition Change**: Contains information related to the changes in the disposition of the case.

- **History**: Displays a history of the dispositions of the case.

- **Actions**: Provides information about case actions that are necessary for the child's case. Actions are either generated by the system or by users. An action listed on this page serves as a reminder that an activity needs to be completed by a specific due date.

- **Notes**: Provides a place to enter notes on the child's case.

- **Case Report**: Prints a summary report of information pertinent to this case for the child.

- **Previous Case Report**: Prints a summary report of information pertinent to the most recent previous case, if any, for the child. This option will not appear if the child did not have a previous case.

To move between the pages, click on the *hyperlink* (link) for the page in the upper right corner of any page. This will open the desired page and allow the user to enter data or view previously saved information on the page.

At the bottom of the Case pages are two buttons labeled **Save** and **Close**.

- Clicking the **Save** button saves data that has been entered.
- Clicking the **Close** button closes a page or detail window.

Case Dispositions

The structure of TKIDS is based on a set of dispositions that reflect points on the ECI service continuum from referral to exit. The Disposition Change Diagram on the following page illustrates how dispositions form the basis of the TKIDS system.

The disposition types are:

- Referral
- Eligibility Determination
- Enrolled (in Comprehensive Services)
- Follow-Along (Follow-along services track the developmental progress of a child who is determined ineligible for, or whose parent declines, early intervention services. Follow-along services are provided only for a documented clinical reason, as determined by the interdisciplinary team.)
- Closure

Dispositions are important in TKIDS for several reasons:

- The disposition indicates the status of a case at a point in time.
- Dispositions determine the type and amount of information that is required for each case.
- The reasons that are available when moving a case to Follow-Along or Closure depend on the current disposition of the case.

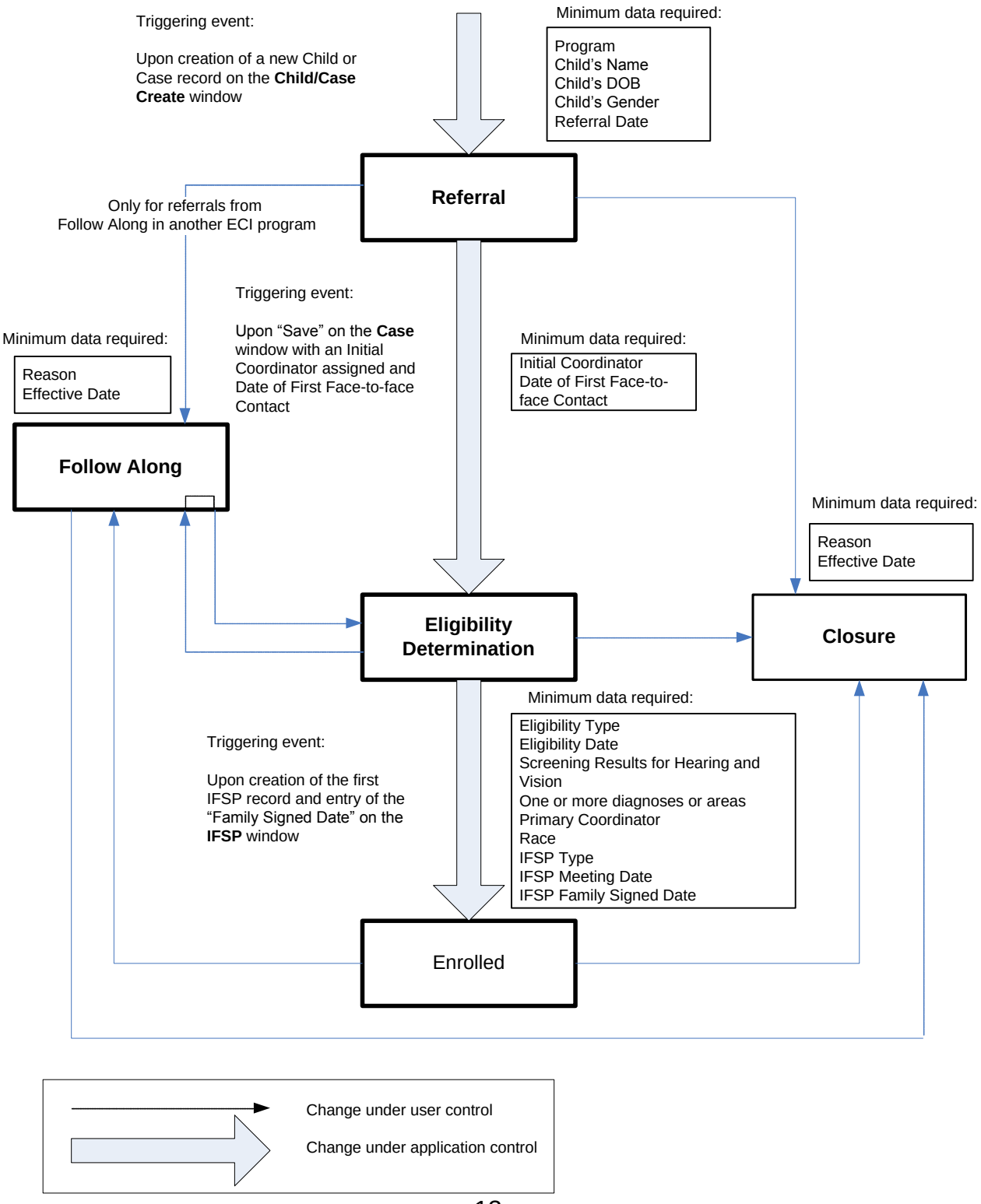
Some changes in disposition are controlled by the user and others are controlled by the TKIDS application.

- User-controlled changes are those in which the user directly moves a case from one disposition to another, and are indicated by a dotted line in the Disposition Change Diagram. For example, a case can go from Eligibility Determination to Follow-Along or from any disposition to Closure.

- Application-controlled changes are generated by the TKIDS application and are indicated by a bold line in the diagram. Each of these disposition changes has a “triggering event” that automatically causes the case to move from one disposition to another. These triggering events are presented to the left of the bold lines denoting the application-controlled changes. For example, when the Date of First Face-to-Face Contact and Initial Service Coordinator are entered and saved, the disposition automatically changes from Referral to Eligibility Determination.

Disposition Change Diagram

Texas Kids Intervention Data System (TKIDS)



General Data Entry Issues

Navigating within a Page

Users may use a mouse to move the cursor around and make selections from the drop-down lists or use the Tab key to move from field to field on a page. The Up and Down Arrow keys may also be used to navigate through a drop-down list.

Entering Dates into Date Fields

A number of pages contain date information, such as Date of Referral or Date of Evaluation. TKIDS requires dates to be saved in the format MM/DD/YYYY.

When entering a date, slashes do not have to be entered as the date is entered; the system will automatically enter the "/" in the date format when the information is saved. Enter eight digits, with or without the "/".

Example:
01/20/2010 or
01202010

Another way to enter dates is to use the calendar next to a date field. Click on the calendar and then double click on the date – the date field will be populated and the calendar will automatically close.

Order of Drop-Down Lists

Most of the drop-down lists are presented in either alphabetical or numerical order. Some exceptions to this order are:

- Response options that are substantially more common occur toward the top of the drop-down list, followed by all others in alphabetical order. For example, English and Spanish occur at the top of the Language drop-down list.
- The response option of "Other" is almost always found at the bottom of the list.

Contact Information

Contact information, including phone numbers, addresses, etc., is presented in the same format throughout the application.

Please note that:

- Only cities, counties and zip codes for the State of Texas are available in the TKIDS application.
- When an address is entered, the application forces the entry of city, county and zip code.

Saving Data

Use the **Save** button, located at the bottom of the pages, to save information that has been entered. Simply entering the data without saving does not store the information in the database.

It is important to save information periodically during data entry, especially before moving to another page, to prevent loss of data.

The **Save** button saves and automatically closes the page on the following pages:

- Referral Detail,
- Family Member, and
- Physician.

Close

The **Close** button closes the page without saving data.

1. On certain pages, if the user clicks the **Close** button, the application will check to see if any changes have been made on the page. If changes were detected, a prompt will ask "Are you sure you want to close?" The user should click "No" if the changes need to be saved, and then save the changes before clicking the **Close** button again. If no changes were detected, the page will close without a prompt.

2. On the following pages, where users potentially enter a large amount of data, **Close** will always prompt before closing the page:
    - Referral Detail
    - Family Member
    - Physician

3. On pages with limited information, **Close** simply closes the page without checking or prompting, and any changes that were not saved are lost. This occurs on the following pages:
    - Received Services
    - Case Management activity
    - Notes
    - Out of Service Area

Editing Data Entry Errors

Most data entry errors can be corrected directly even after saving the information in TKIDS. The user can type in the correct information or alter choices made from drop-down lists and then save the changes. The TKIDS application identifies changes made to child cases by the date the correction was entered and saved, as well as the user that entered the changes.

> **Note:** If the user changes the child's demographic data, the data will be changed also in any previous cases entered for the child, so the user must be very certain that the change is accurate.

Buttons to delete information are found throughout the application, particularly on the **CM/TCM** (Case Management/Targeted Case Management) page and on the IFSP, to delete planned and delivered services. These procedures are further explained in the respective sections in Chapter 4.

Exceptions to data that can be edited

There are some fields that cannot be edited by the user. These include dates that trigger a change in a disposition after the case has moved to another disposition. For instance, Referral Date can be modified only as long as the case remains in the Referral disposition, and Date of First Face-to-Face Contact can be modified only as long as the case remains in the Eligibility Determination disposition.

Date of birth (DOB), Exit Date, Transferred-Out Date, and Follow-Along Date may only be edited by users with a Case Administration security level.

Updating Data

There are times when it may be necessary to update information that has been entered and saved in TKIDS. Updates are typically necessary when information about the case has changed over the course of time. For example, eligibility type may change as a result of the annual evaluation, or a child's enrollment in Medicaid may change due to changes in family income.

Required Fields

An asterisk next to the field in TKIDS indicates that the field is required. Note, however, that this provides a general indication – the actual data required depends on the child's specific point in the service continuum. See the Required Data Fields tables at the end of each section for more specific information.

Chapter 4: Child Case Procedures

After logging into TKIDS, existing cases can be accessed or new cases can be created.

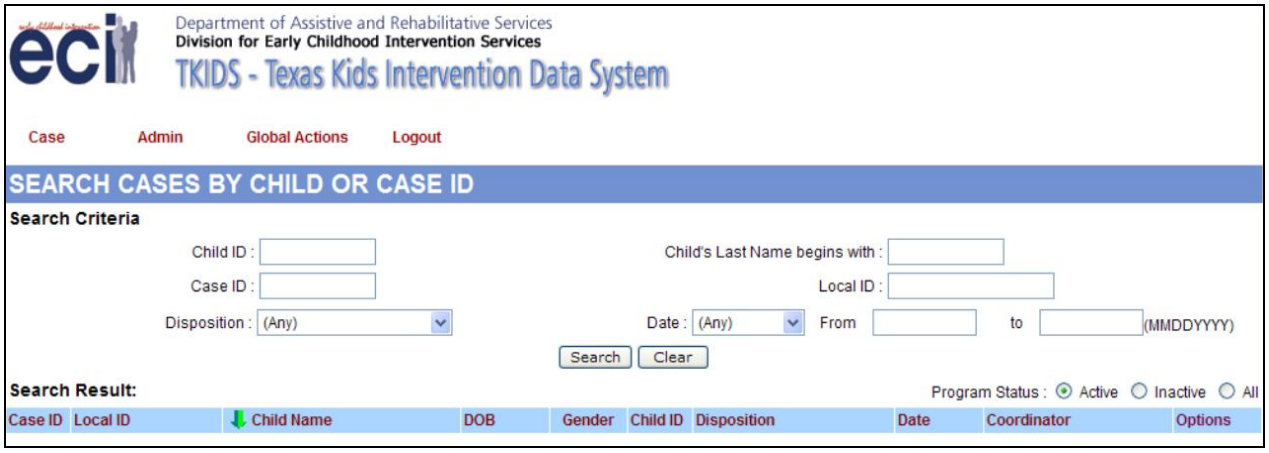
The user can perform the following tasks from the Case menu on the main page:

- Search by child or case
- Search by program or coordinator
- Create (a new child id or case record for existing child)

Case Search

Search by Child or Case

The **Child/Case** option allows the user to search using the Child ID, Case ID, child's last name or Local ID.



Child ID: The Child ID is a unique identification number that is assigned the first time a child is entered into TKIDS. Child ID number remains the same for the child.

To search for a case using the Child ID, enter the Child ID in the appropriate box and then click the **Search** button. The search will produce a list of cases associated with the child's unique ID number.

Child's Last Name begins with: Searches can be conducted using all or a portion of the child's last name. Entering the full last name of the child will result in a list of all children having the same last name. Entering the first two letters of the child's last name in the box creates a list of all of the cases of children with

last names starting with those two letters. However, always search using the most specific criteria available.

Case ID: The Case ID is a unique identification number assigned to identify a child's particular case with a particular ECI program. A child can have more than one Case ID if the child leaves and re-enters the ECI system. For example, a new Case ID would be created for a child who transfers to a different ECI program or for a child who is dismissed and is later re-enrolled in the same program. In both of these cases, the Case ID for the child would be different, but the Child ID would remain the same.

To search for a case using the Case ID, enter the Case ID in the appropriate box and then click the **Search** button. The search will list the case associated with that Case ID number.

Local ID: The Local ID field is available for programs to use their own program-specific identification system. These identifiers are created and entered at the local level.

Searches can be refined in other ways, for example, by disposition, date of birth or disposition date ranges.

Disposition: The following disposition type choices are listed in a drop-down box:

- Referral
- Eligibility Determination
- Enrolled
- Follow Along
- Closure
- <Any>

To limit a search to a specific disposition type, select the desired disposition type and then click the **Search** button. When searching by disposition, be sure to pay attention to the active/inactive program status (see below).

Date: The date box has the following three drop-down options:

- The "<Any>" choice is the default and does not impact the results of the search.

- Birth Date - restricts the search to a specified range of birth dates.

To restrict a search using dates, select the type of date restriction, enter the beginning and ending dates and then click the **Search** button. For example, to limit the search to children born in August 2010, select the "Birth Date" option,

enter the date “08/01/2010” in the **From** box and “08/31/2010” in the **To** box. The search will produce a list of cases of children with birth dates in August 2010.

Disposition restricts the search to cases in which the selected disposition started within the date range specified in the **From** and **To** date boxes.

For example, to limit the search to children who became enrolled in August 2010, select “Enrolled” in the **Disposition** field, select “Disposition” in the Date field, then enter “08/01/2010” in the **From** box and “08/31/2010” in the **To** box.

Finally, searches can be refined according to program status (i.e., whether the case is active or inactive) by selecting the **Active** or **Inactive** radio button.

Active: The “Active” option limits the search to cases that are currently open and active in the TKIDS system—all cases except those that have been exited, transferred out or closed. The “Active” choice is the default and will automatically be chosen if the user does not select another option.

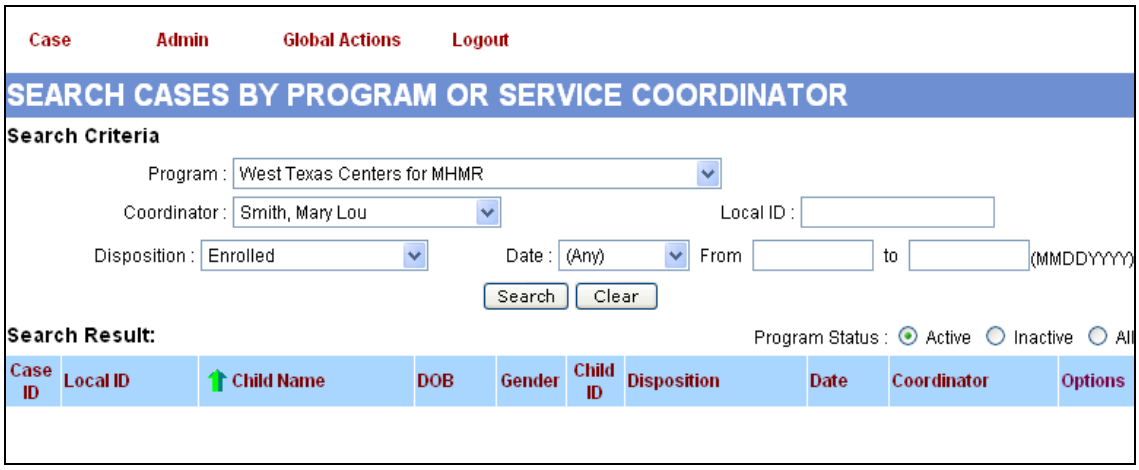
Inactive: The “Inactive” option restricts the search to cases that have been exited, transferred-out or closed in TKIDS.

All: The “All” choice includes both active and inactive cases in the search.

Search by Program or Service Coordinator

The **Program/Service Coordinator** search option allows for searches by Service Coordinator. To conduct a search using these criteria, click on the *hyperlink*.

Program: In this drop-down, the user selects the ECI contractor with which he/she is employed.



Coordinator: A drop-down list of employees is presented for the ECI contractor, enabling the user to conduct a case search of only those children assigned to the selected service coordinator. If an employee has been terminated for more than

60 days, the employee's name will no longer appear on this list. If an employee has been terminated within the past 60 days, the employee's name will appear with "(Terminated)" after the name.

Local ID: The Local ID field is available for programs to use their own program-specific identification system. These identifiers are created and entered at the local level.

Searches can be refined by disposition, date of birth or disposition date ranges.

Disposition: The following disposition type choices are listed in a drop-down box:

- Referral
- Eligibility Determination
- Enrolled
- Follow Along
- Closure
- <Any>

To limit a search to a specific disposition type, select the desired disposition type and then click the **Search** button. When searching by disposition, be sure to pay attention to the active/inactive program status (see below).

Date: The date box has the following three drop-down options:

- The "<Any>" choice is the default and does not impact the results of the search.

- Birth Date - restricts the search to a specified range of birth dates.

  To restrict a search using dates, select the type of date restriction, enter the beginning and ending dates and then click the **Search** button.

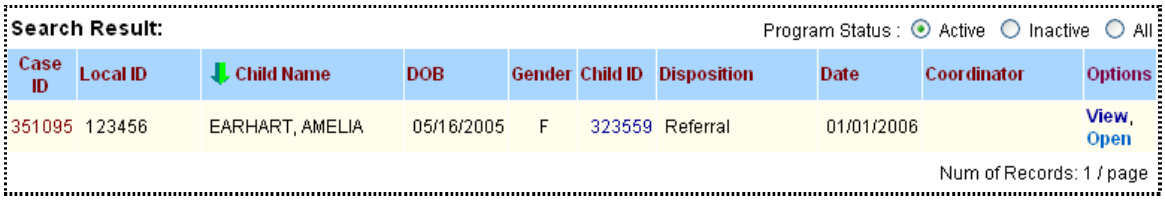
- Disposition - restricts the search to cases in which the selected disposition started within the date range specified in the **From** and **To** date boxes.

For example, to search for only those cases assigned to service coordinator Peggy Jones, first select the ECI contractor name from the Program field drop-down list, select "Peggy Jones" from the Coordinator drop-down list, then click the **Search** button. This will produce a list of children assigned to Peggy Jones as a service coordinator.

Searches on the **Search by Program** or **Service Coordinator** page can also be filtered by disposition, date of birth or disposition date ranges, local ID of the child, and program status in the same manner as described in the Search by Child or Case section above.

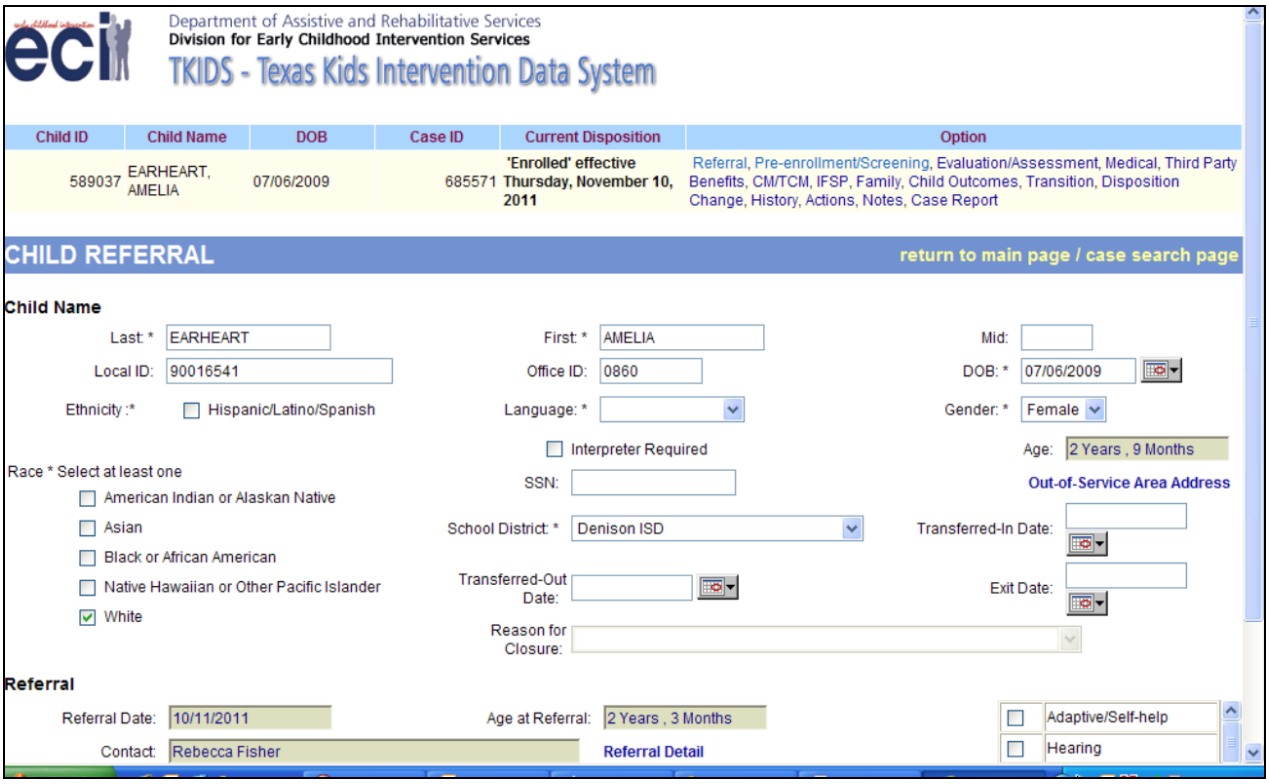
Accessing a Child's Case Information

After conducting a search and identifying the appropriate case, the user can access the case in different ways.



The **Child Referral** page for the child case will appear when either of the following is performed:

1) Place the cursor on the child's Case ID in the list and click once, or
2) Click **Open** under Options.



> **Note:** The links which appear under **Option** allow the user to navigate to the desired pages in TKIDS to enter data or view previously saved information.

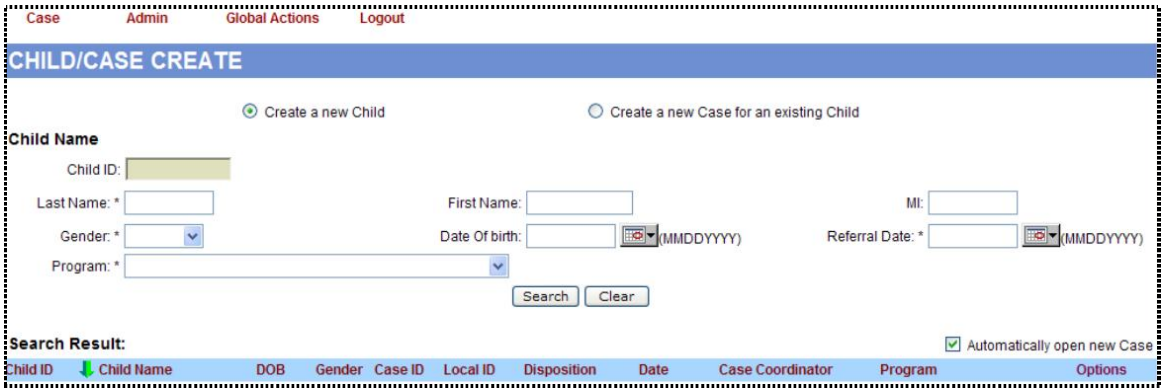
The **Child Detail Information** page will appear when either of the following is performed:

- Place the cursor on the Child ID in the list and click once, or
- Click the **View** option.

CHILD DETAIL INFORMATION (VIEW ONLY)
Child Name : EARHART, AMELIA D
First Name : AMELIA
Last Name : EARHART
Middle : D
Child ID : 520651
Gender : Female
Birth Date : 09/30/2009
Age : 11 Months
SSN : (last 4 digits)
Contractor Name : Betty Hardwick Cntr
Transfer Out :
Local ID :
Mother's Name : Earhart, Mary
Father's Name : Earhart, John
Foster Mother's Name : Smith, Mary
Foster Father's Name : Smith, John
Close

Child/Case Create

To create a new case, select **Create** under the **Case** menu. This brings up a screen that allows the user to create a case for a new child or a new case for an existing child.



Creating a Case for a New Child

If a record for a child does not exist in TKIDS, then the child is considered to be a “New Child.” The **Create a New Child** option at the top of the screen should be selected when creating a case for a new child.

Procedure for Creating a Case for a New Child

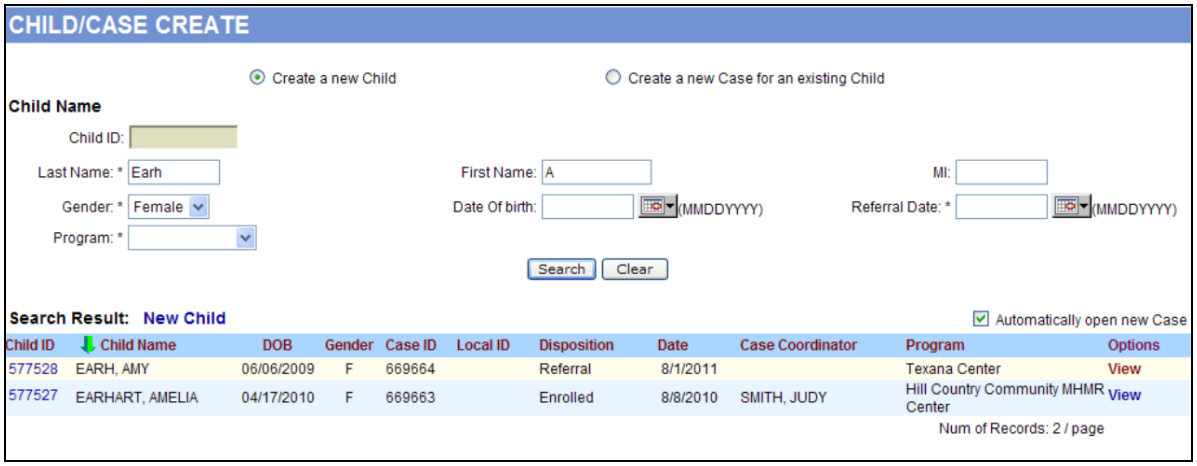
The user must conduct a search to determine whether the child has previously been entered before TKIDS will allow a new child case to be created.

1) Enter the following information regarding the referred child. This is the minimum amount of information needed to search for an existing child.

   - At least one letter of the child's first and last name (although entering fewer letters will likely yield a longer list of potential matches)
   - The gender of the child

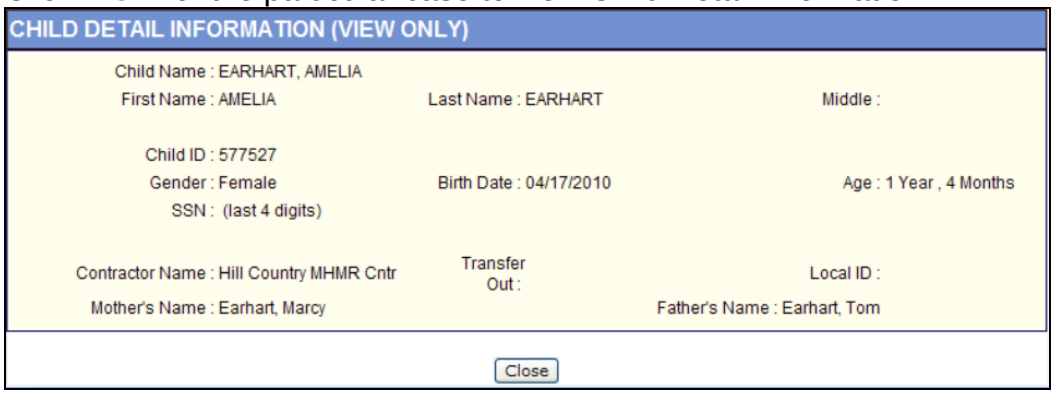
2) Click **Search** to search TKIDS to check whether the child has been previously entered into the system by any ECI program.

   The search will generate a list of all existing child records that potentially match the new child's name and gender.


CHILD/CASE CREATE
Create a new Child
Create a new Case for an existing Child
Child Name
Child ID:
Last Name: * Earh
First Name: A
MI:
Gender: * Female
Date Of birth: (MMDDYYYY)
Referral Date: * (MMDDYYYY)
Program: *
Search
Clear
Search Result: New Child
Automatically open new Case
Child ID | Child Name | DOB | Gender | Case ID | Local ID | Disposition | Date | Case Coordinator | Program | Options
577528 | EARH, AMY | 06/06/2009 | F | 669664 | | Referral | 8/1/2011 | | Texana Center | View
577527 | EARHART, AMELIA | 04/17/2010 | F | 669663 | | Enrolled | 8/8/2010 | SMITH, JUDY | Hill Country Community MHMR Center | View
Num of Records: 2 / page

If the Search Results in a List of Potential Case Matches, the user can view child identifying information that will assist in determining a match. *Children above the age of three will be excluded from the search results.*

Click **View** for the particular case to view Child Detail Information.


CHILD DETAIL INFORMATION (VIEW ONLY)
Child Name : EARHART, AMELIA
First Name : AMELIA
Last Name : EARHART
Middle :
Child ID : 577527
Gender : Female
Birth Date : 04/17/2010
Age : 1 Year , 4 Months
SSN : (last 4 digits)
Contractor Name : Hill Country MHMR Cntr
Transfer Out :
Local ID :
Mother's Name : Earhart, Marcy
Father's Name : Earhart, Tom
Close

If this search process indicates that the child does have an existing case in the system, follow the procedure for "Creating a Case for an Existing Child" described in the next section.

If the Search Produces No Case Matches, the system will display "No Records Found" on the line above the child case list box. This indicates that the search information entered does not match any current child records in TKIDS. Incorrect entries will produce inaccurate search results. Therefore, the user should double-check the spelling of the name or try searching using fewer letters.

3) If no match is found, enter the child's complete first and last name and date of birth. Select the ECI program name to which the child is being assigned from the drop-down list in the **Program** box and enter the **Referral Date**.

   TKIDS will not allow a child case to be created without a program assignment.

4) Click the ***New Child*** link to create a new case for the child. A box labeled **Create a New Child** appears with the current minimum data that has been entered to create the case. Click **OK** after reviewing the data to create the new child case.

Creating a New Case for an Existing Child in TKIDS

If the user needs to create a new case for a child that has a**n existing** record in TKIDS, such as **when a child** transfer**s** or reenter**s** the program, a search should be conducted for the child's **existing record**. This prevents **multiple** child **records** in the database **for the same child**. **When creating a new case for an existing child in TKIDS,** standard data from the closed case, such as child demographic data, **is shared with the new case. This** reduce**s** the amount of data entry required of the user.

The search is conducted from the **Child/Case Create** window. The steps in creating a new case for an existing child are:

1) Select the **Create a New Case for an Existing Child** radio button.

2) Enter the Child ID, if known. Otherwise, enter the gender and at least the first letter of the child's first and last name.

3) Click the **Search** button. The **Search** button will produce a list of child cases with the same or similar names in the box at the bottom of the screen. *Children above the age of three will be excluded from the search results.*

4) If the search produces a list of potential matching cases, the user can view child identifying information that will assist in determining a match by clicking on the ***View*** link to open the **Case View** window.
5) After identifying the correct existing child case, select the ECI program to which the child is being assigned from the drop-down list in the **Program** box and enter the new **Referral Date**.

6) Click on the ***New Case*** link on the appropriate child case line. A box labeled **Create a New Child** appears with the current minimum data that has been entered to create the case. Click **OK** after reviewing the data to create the new child case.

A new case for a child existing in TKIDS can only be created if the previous case is closed or has a Transferred-Out Date. New cases cannot be created if the previous case is still active or has an Exit Date.

If there is no Transferred-Out Date or the case is still active, contact the transferring program to enter the Transferred-Out Date or to close the case.

7) The new case for the existing child will immediately open to the **Child/Referral** page. The child's name, date of birth, gender, current age, and Child ID will be filled in by the system from the previous child record. Family members will also be transferred to the new record, but contact information, addresses, and checkboxes will be blank.

> **DISPOSITION CHANGE NOTE:** A child is assigned the disposition of "Referral" when a new case is created.

Required Data Fields Table

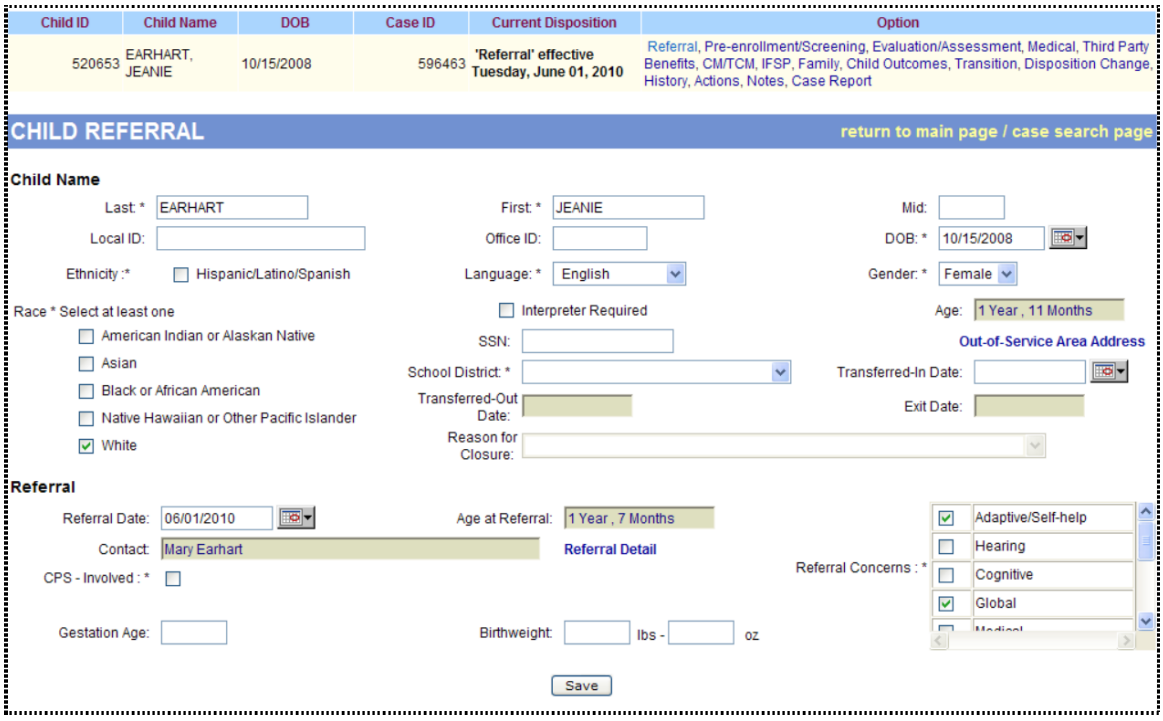
Child/Case Create Page

√ -- Required for Cases in this Disposition
R – Required Entry
RA – Required Where Applicable

		Referral	Eligibility Determination	Enrolled
Last Name	R	√		
First Name	R	√		
Middle Initial	RA	√		
Gender	R	√		
Date of Birth	R	√		
Program	R	√		
Referral Date	R	√		

Child Referral

The case always opens to the **Child Referral** page. The **Child Name**, **Referral Date**, **Gender** and **DOB** boxes will have already been populated with the information entered when the case was created. If the case is still in the Referral disposition, the **Referral Date** can be modified.



Referral and Child Information

The following information must be entered on the **Child Referral** page:

Language: Select the primary language spoken in the child's home from the drop-down list.

Interpreter Required: Click to check the box labeled **Interpreter Required** if the family will require interpreter/translation services.

Ethnicity and Race: Select the Ethnicity and Race as identified by the parent or family. If the parent declines to disclose this information, the provider should make an informed decision as to the ethnicity and race of the child. The box labeled Ethnicity - Hispanic/Latino/Spanish must be checked if the child's ethnicity is Hispanic or Latino. In addition, one or more of the Race boxes must be

checked, including all races that apply. The choices for race according to the U.S. Department of Education are listed in Appendix A.

CPS Involved: Check this box if the child was referred by CPS or the family is currently involved in a CPS investigation, substitute care or family-based safety services.

Gestational Age: Enter the gestational age of the child, in weeks, at the time of birth.

Birth Weight: Enter the child's birth weight in pounds and ounces. See Appendix C – Birth Weight Conversion.

Referral Concerns: Check all applicable boxes from the list to indicate the reported concerns at the time of referral. The choices for referral concerns are listed in Appendix A – TKIDS Data Dictionary.

Social Security Number: Enter the child's social security number in the SSN box.

School District of Residence: Select the school district where the child resides.

Out of Service Area (link): If the child lives outside of your service area, the address of the location of service delivery must be entered. To enter the out of service area address, click on the ***Out-Of-Service Area Address*** link. Enter the address information and click the **Save** button to save the information. Click the **Close** button to close the window and return to **Child Referral** page.

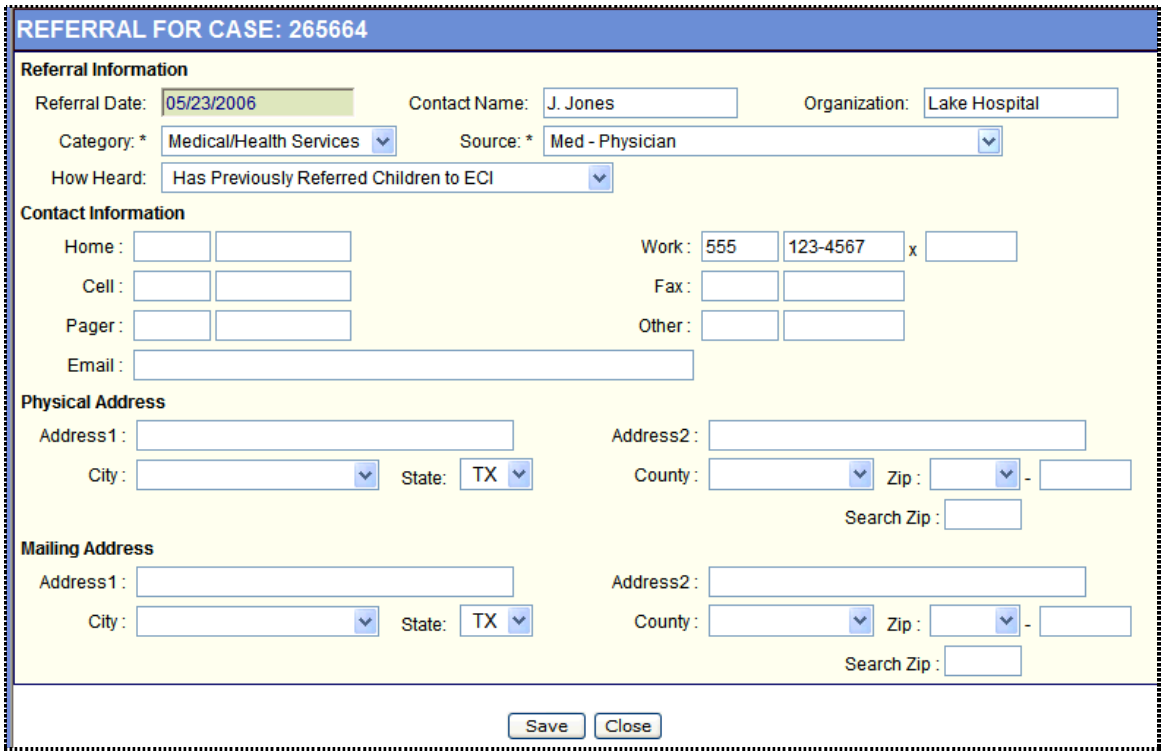
Local ID: This is an optional field for programs to enter a unique local client identifier.

Office ID: This is an optional field for programs to identify cases associated with different sites or areas.

The Referral Date, Age of Referral, and Contact are auto-populated.

Referral Details

Click on the ***Referral Detail*** link to open the **Referral for Case** window where the referral details are entered.



Enter the following referral source information:

Contact Name: Enter the name of the person who made the referral.

Organization: Enter the name of the organization with which the contact person is affiliated.

Category: Select the category of the referral source. See Appendix A for the list of Category choices.

Source: Select the referral source by category. See Appendix A for the list of Source choices.

How Heard: Select the choice that best describes how the referral contact heard about ECI services. The choices for How Heard are listed in Appendix A.

Contact Information, Physical Address and **Mailing Address:** This information is not required for referral sources. The local program may enter this information if desired.

Click the **Save** button at the bottom of the screen to save the referral information that has been entered.

Click the **Close** button to close the **Case Referral** window and return to the Child Referral page.

Transfer and Exit Dates

(Only for cases in the Enrolled disposition)

Transferred-In Date

A transferred-in date is required if the child was previously enrolled at another *or the same* program and now has a new case. The transferred-in date is defined as the date the receiving program made contact with the family to initiate services.

Transferred-Out Date

The transferred-out date is defined as the date the child is dismissed from the transferring program, with plans to enroll the child in another program. Entering a transferred-out date changes the case status to "inactive" for the transferring program. Enter the transferred-out date for a child who is enrolled in comprehensive services and is transferring to another program. The transferred-out date cannot be later than the child's third birthday.

Entry of the transferred-out date will allow the case to remain open for the completion of data entry of delivered services. Meanwhile, the receiving program will be able to open a new case for that child even though the transferring program has not closed the case.

If a transferred-out date is entered, an exit date is not needed. The case must be closed once all data entry, including delivered services, is complete.

Exit Date

The exit date inactivates the case while still in the Enrolled disposition prior to the case being closed to allow more time for data entry. An exit date must not be entered when the child is moving to Follow-Along. The exit date cannot be later than the child's third birthday.

The case must be closed once all data entry, including delivered services, is complete. Once the case is closed, the closure date is the same date as the exit date.

Reason for Closure

If a transferred-out date or exit date is entered, a reason for closure must be entered in the Reason for Closure field for the date to be saved. **The following tables show which data items on the Child Referral and Referral Detail screens are required by disposition:**

Required Data Fields Tables

Child Referral

√ -- Required for Cases in this Disposition
R – Required Entry
RA – Required Where Applicable

		Referral	Eligibility Determination	Enrolled	Follow-Along
Last Name (populated)	R	√	√	√	√
First Name (populated)	R	√	√	√	√
Middle Initial (populated)	RA	√	√	√	√
Local ID					
Office ID					
Date of Birth (populated)	R	√	√	√	√
Ethnicity Hispanic/Latino	RA	√	√	√	√
Race	RA	√	√	√	√
Language	R	√	√	√	√
Gender (populated)	R	√	√	√	√
Interpreter Required	R				√
Child SSN	RA			√	
Age (calculated/populated)		√	√	√	√
School District	R			√	
Out of Service Area	RA			√	
Transferred-In Date	RA	√	√	√	
Transferred-Out Date	RA			√	
Exit Date	RA			√	
Reason for Closure	RA			√	
Reason for Follow Along	R				√
Gestational Age					
Birth Weight					
Referral Concerns	R	√	√	√	√

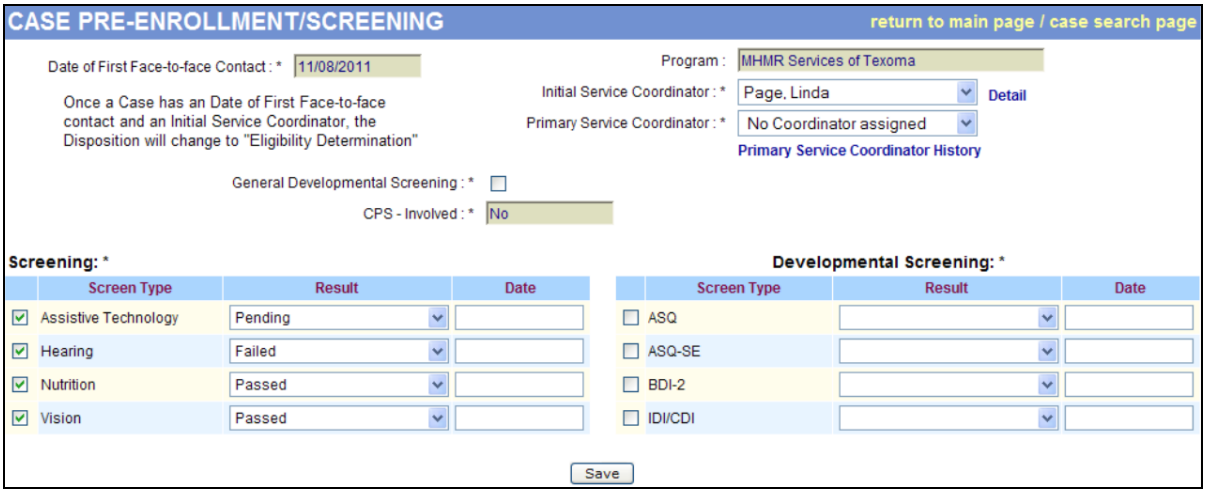
Referral Detail

√ -- Required for Cases in this Disposition
R – Required Entry
RA – Required Where Applicable

		Referral	Eligibility Determination	Enrolled	Follow-Along
Referral Date (populated)	R	√	√	√	√
Contact Name					
Organization					
Category	R	√	√	√	√
Source	R	√	√	√	√
How Heard					
(Contact Information)					
Home Phone Area Code					
Home Phone Number					
Work Phone Area Code					
Work Phone Number					
Work Phone Extension					
Cell Phone Area Code					
Cell Phone Number					
Fax Area Code					
Fax Number					
Pager Area Code					
Pager Number					
Other Area Code					
Other Phone Number					
E-mail Address					
(Physical Address)					
Address					
City					
State					
County					
Zip Code					
(Mailing Address)					
Address					
City					
State					
County					
Zip Code					

Case Pre-enrollment/Screening

The **Case Pre-enrollment/Screening** page allows the user to enter the date of the first face-to-face contact, assign an Initial Service Coordinator and/or Primary Service Coordinator to a child's case and enter information for various screenings.



Date of First Face-to-Face Contact: For pre-enrollments, enter the date on which an ECI service provider first meets in person with the family to begin the pre-enrollment process. For transfers, enter the date of the initial contact with the family, which (for transfers only) may be by telephone. Entry of this date is required to move the case to the Eligibility Determination disposition and is the effective date for that disposition. While the case remains in the Eligibility disposition, the **Date of First Face-to-Face Contact** can be modified.

Program: The ECI program for the case displays in this field.

Initial Service Coordinator: Select the appropriate service coordinator name from the drop-down list.

> **Disposition Change Note:** The child's disposition changes from "Referral" to "Eligibility Determination" when the Initial Service Coordinator *and* Date of First Face-to-Face Contact are entered and saved.

Primary Service Coordinator: Select the appropriate service coordinator name from the drop-down list.

> **Note:** When an assigned service coordinator has been terminated for more than 60 days, the field displays "No Coordinator Assigned". In such cases, a new primary service coordinator should be assigned.

Pr imary se

General Developmental Screening: Check this box if the child was administered this type of screening.

CPS-Involved: This field displays whether or not the child/family is (or has been) involved with Child Protective Services, based on information entered on the Referral page.

Screen Type: Each check box is checked automatically when the **Result** option is selected.

Four areas are reviewed (or screened) to determine a possible need for further evaluation. The four areas of **Screen Type** are:

- Assistive Technology
- Hearing
- Nutrition
- Vision

Result: Results must be entered for each of the four areas. Vision and hearing results must be entered while the child is in the pre-enrollment disposition. The nutrition and assistive technology results may be entered at any time it becomes available. Select the result for each Screen Type from the drop-down list, which includes:

- Passed
- Failed
- Declined by Parent/Guardian
- Pending

The Pending option should be selected when a screening has been conducted but the results have not yet been received. The **Result** should be updated to reflect the actual result when received. The Pending option should also be selected for interim IFSPs.

Date: Enter the date of the area was reviewed with the family in the Date field. Dates are not required.

Developmental Screening: This portion of the page documents the results of the three optional developmental screenings.

Screen Type: Each box is auto-selected when the Result option is selected for the following screenings (Screen Type):

- Ages and Stages Questionnaire (ASQ)
- Ages and Stages Questionnaire – Social/Emotional (ASQ-SE)
- Battelle Developmental Inventory (BDI-2)

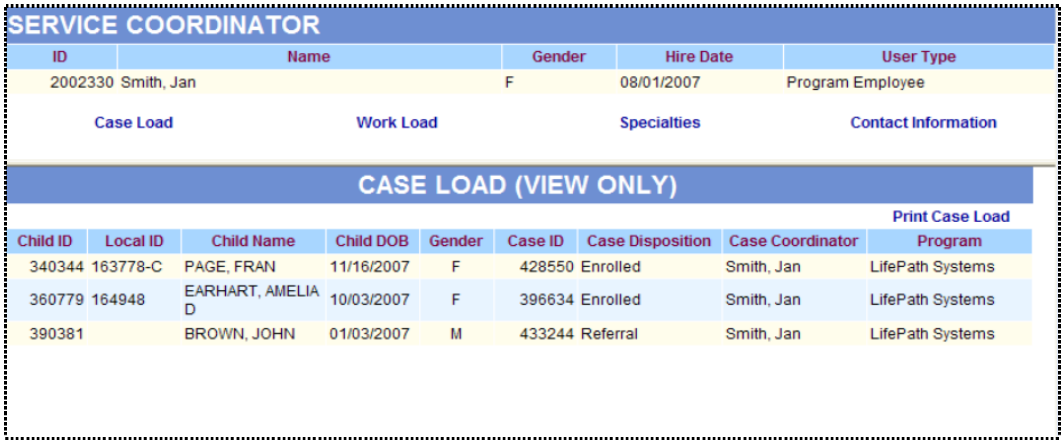
- Infant/Child Development Inventory (IDI/CDI) – *referred to as the Child Development Review (CDR)*

Result: The result of the screening must be entered, if the screening was administered. Select the screening result for each screen type from the drop-down list.

To obtain caseload and workload details by service coordinator, click the *Detail* link that appears to the right of the coordinator's name.

Detail (link): If the case is open and a service coordinator is assigned. Click this link to see information about the service coordinator's caseload, work load, specialties, and contact information. There are four links across the top of the page:

Caseload (link): This is the default screen. A list of all cases assigned to this service coordinator will display. Click the *Print Case Load* link to display a printable view that can also be sorted by the various fields.



SERVICE COORDINATOR

ID	Name	Gender	Hire Date	User Type
2002330	Smith, Jan	F	08/01/2007	Program Employee

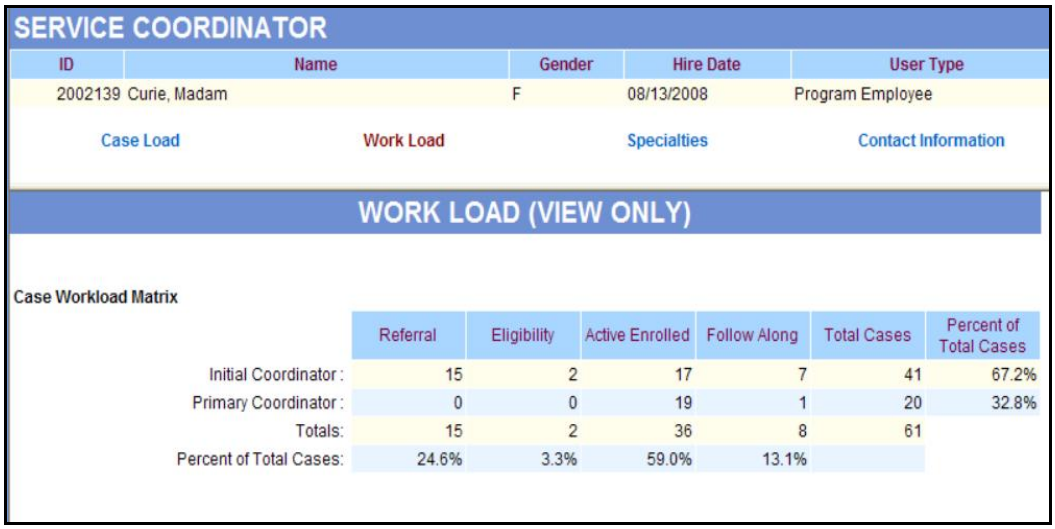
Case Load Work Load Specialties Contact Information

CASE LOAD (VIEW ONLY)

Print Case Load

Child ID	Local ID	Child Name	Child DOB	Gender	Case ID	Case Disposition	Case Coordinator	Program
340344	163778-C	PAGE, FRAN	11/16/2007	F	428550	Enrolled	Smith, Jan	LifePath Systems
360779	164948	EARHART, AMELIA D	10/03/2007	F	396634	Enrolled	Smith, Jan	LifePath Systems
390381		BROWN, JOHN	01/03/2007	M	433244	Referral	Smith, Jan	LifePath Systems

Workload (link): Click this link to view counts and percentages of cases assigned to this service coordinator by disposition.



SERVICE COORDINATOR

ID	Name	Gender	Hire Date	User Type
2002139	Curie, Madam	F	08/13/2008	Program Employee

Case Load | Work Load | Specialties | Contact Information

WORK LOAD (VIEW ONLY)

Case Workload Matrix

	Referral	Eligibility	Active Enrolled	Follow Along	Total Cases	Percent of Total Cases
Initial Coordinator :	15	2	17	7	41	67.2%
Primary Coordinator :	0	0	19	1	20	32.8%
Totals:	15	2	36	8	61	
Percent of Total Cases:	24.6%	3.3%	59.0%	13.1%		

Specialties (link): Click this link to view the specialties (credentials) of this service coordinator.

Contact Information (link): Click this link to view address and phone numbers of this service coordinator, if they have been entered into TKIDS.

Required Data Fields Table

Case Pre-enrollment/Screening

√ -- Required for Cases in this Disposition
R – Required Entry
RA – Required Where Applicable

		Referral	Eligibility Determination	Enrolled
Date of First Face-to-Face Contact	R		√	√
Initial Service Coordinator	R		√	√
Primary Service Coordinator	R			√
General Developmental Screening				
CPS-Involved	RA	√	√	√
Screening Result: AT	R		√	√
Screening Result: Hearing	R		√	√
Screening Result: Nutrition	R		√	√
Screening Result: Vision	R		√	√
Date of Screening				

Developmental Screening Result	RA	√	√	√
Developmental Screening Date	RA	√	√	√

Evaluation/Assessment

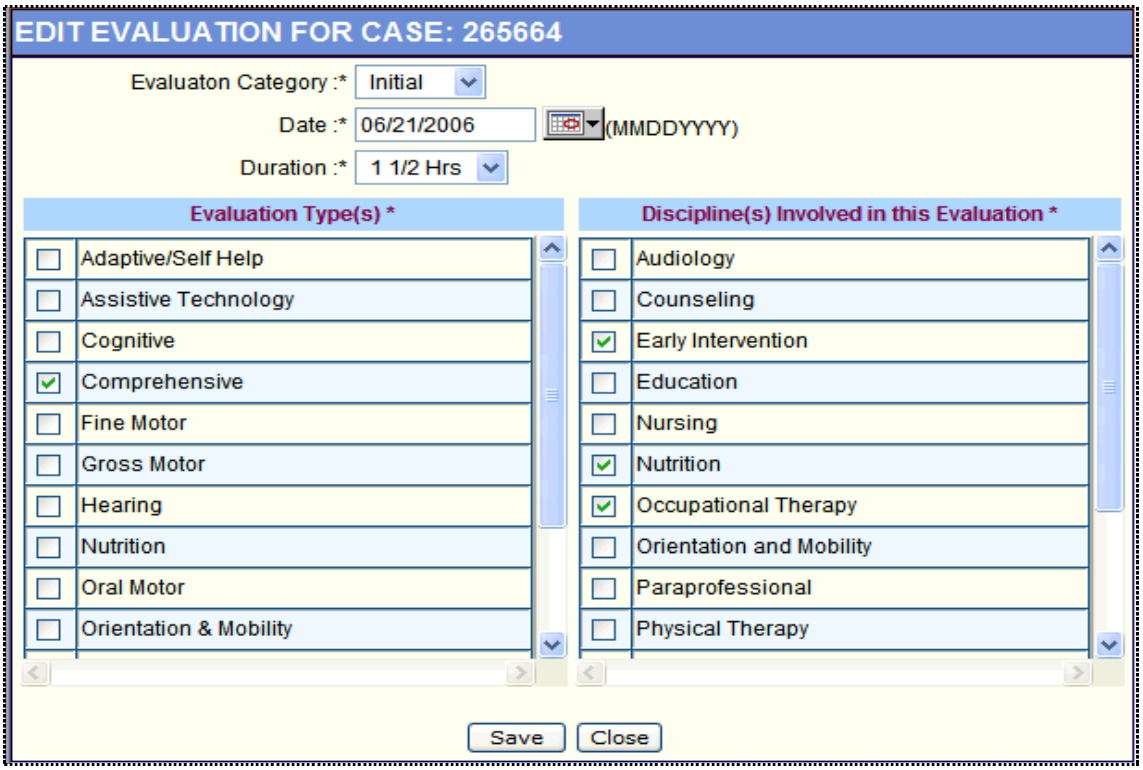
The **Evaluation/Assessment** page contains details of the evaluations or assessments conducted and documentation of the child's eligibility for comprehensive services.

For children who are eligible on the basis of a medical diagnosis and for whom an evaluation is not required, report the results of the assessment.

Eligibility information is required for all children found to be eligible for services.

A list of the evaluations/assessments that have been entered, including the date, is displayed on the left side of the Evaluation/Assessment page.

Add New link: Click to create a new evaluation.



Evaluation Category: Make a selection from the drop-down menu. The evaluation categories include:

- Initial[1] (Note: only one initial is allowed)
- Annual
- Re-Determ Qual Elig[2]
- Other

Date: Enter the date the evaluation was completed.

Duration: Indicate the length of time of the child's evaluation by making a selection from the drop-down list

- 15 Min
- 30 Min
- 45 Min
- 1 to 1 ¾ Hrs, in 15 min. increments
- 2 to 2 ¾ Hrs, in 15-min. increments
- 3 to 8 Hrs, in 1-Hr. increments

[1] The Initial Evaluation must be the one that qualifies the child if the child is determined eligible for ECI services.
[2] The Re-determine Qualitative Eligibility Evaluation is used only when the eligibility type is Developmental Delay – Qualitative.

Evaluation Type(s): Check the type of evaluation/ assessment conducted. See Appendix A for the choices for evaluations types

> **Note**: If a comprehensive evaluation/assessment is conducted, check only the Comprehensive checkbox in the **Evaluation Type(s)** column.

Discipline(s) Involved in this Evaluation: Select the discipline(s) that participated in the evaluation/assessment by checking the box next to the appropriate discipline in the right-hand column. Choose all that apply to the evaluation. The list of disciplines can be found in Appendix A.

> **Note:** Initial and annual evaluations are interdisciplinary and must have at least two disciplines represented.
>
> Please consult the ECI Standards Manual for an explanation of the disciplines required for interdisciplinary evaluations.

Click **Save** to save the evaluation/assessment data and to close the window and return to the **Evaluation/Assessment** page. The information will now appear in the display list.

Evaluation/assessment data that have been saved can be re-opened for editing by clicking the **Edit** link, or deleted if needed, by clicking the ***Delete*** link. An *Initial* evaluation/assessment cannot be deleted if any other evaluations/assessments have been entered.

Entering Eligibility Information

The **Evaluation/Assessment** page also documents information regarding the child's eligibility for comprehensive services.

The following eligibility information is required, and must be entered, for all children who are determined eligible for comprehensive services:

Type: Select the child's eligibility type from the drop-down list. The available eligibility types are:

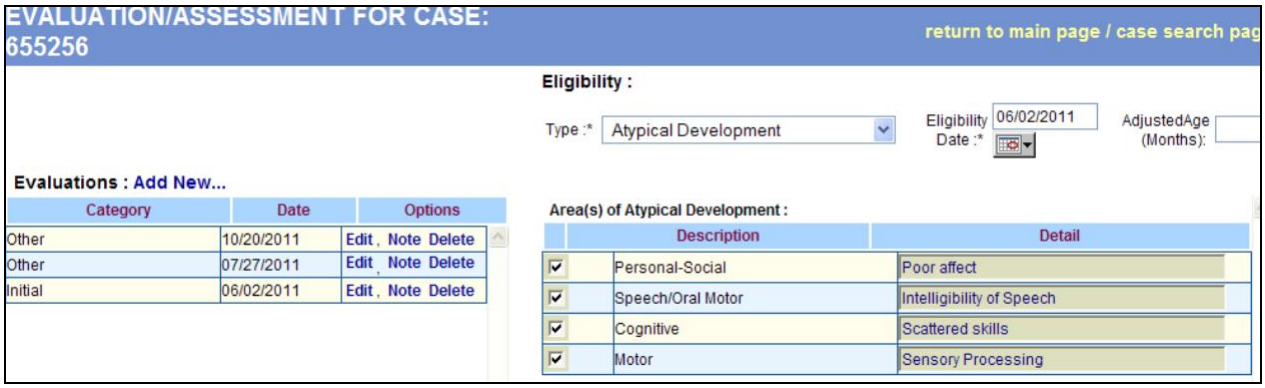
- Developmental Delay – BDI2
- Developmental Delay – Qualitative
- Hearing/Vision
- Medical Diagnosis

The eligibility type must be entered first. Eligibility **Type** and **Date** should be updated whenever the child's eligibility is redetermined. The eligibility date should reflect the most current eligibility determination.

Eligibility Date: Enter the date testing was done to determine eligibility. If no testing was done for a child with a qualifying diagnosis, enter the date that the team reviewed the medical records to confirm eligibility.

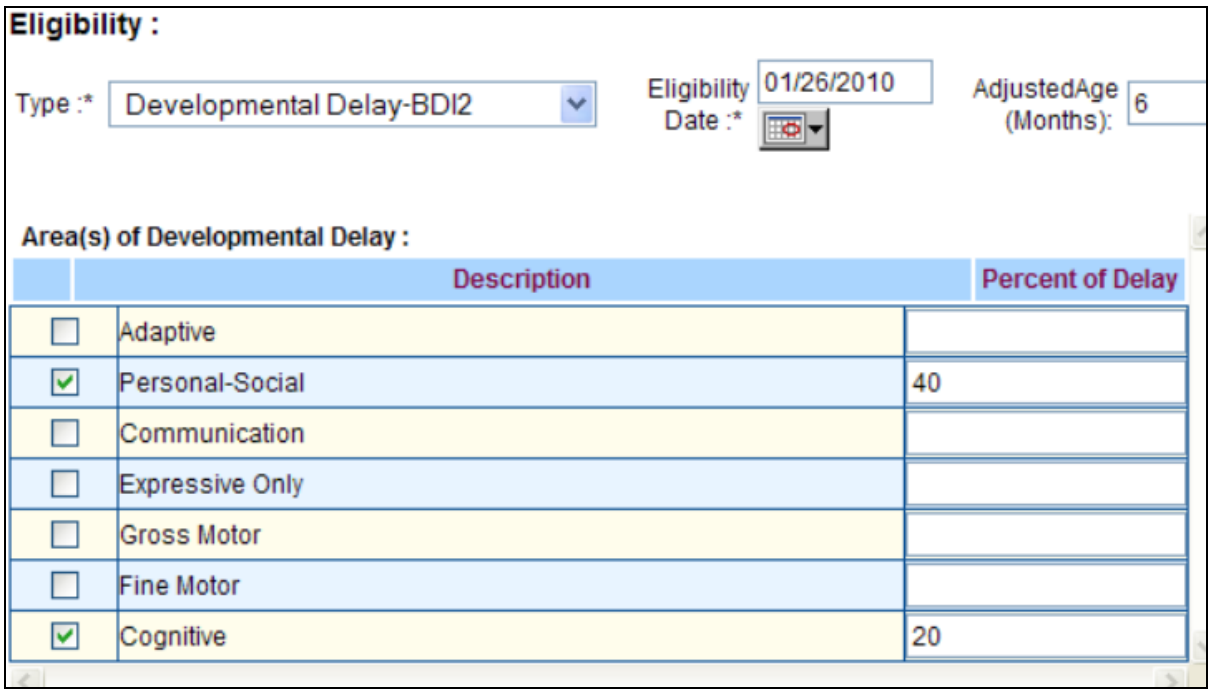
Adjusted Age: The Adjusted Age field is used to adjust the child's chronological age at the time of eligibility determination to account for prematurity. Adjusted age (in months) is used when determining percent of delay, and applies to children whose chronological age is less than 18 months.

Atypical Development: If the child's eligibility type was determined to be atypical development before 9/1/2011, this eligibility information will be displayed until it is changed at the next redetermination. The area(s) of atypical development are listed in Appendix A.



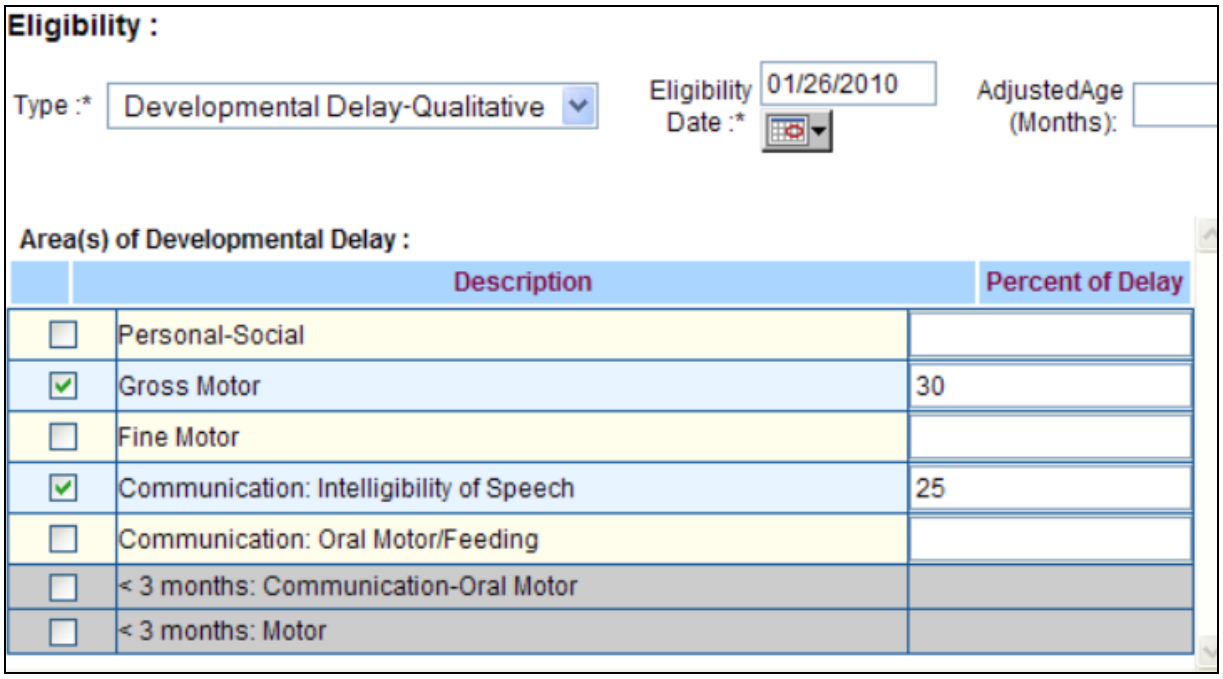
Developmental Delay-BDI2: If the Developmental Delay-BDI2 eligibility type is selected, the *Area(s) of Developmental Delay* listed below will be displayed. At least one area of developmental delay must be selected. To indicate area(s) of developmental delay, enter the percent of delay for the applicable area(s). The options for Area of Developmental Delay-BDI2 are listed in Appendix A.

If a percent delay less than 15% is entered in any of the areas of delay, a warning message is displayed: "You are entering a percent delay of less than15%.". Verify that this is entered correctly and then select the button to continue.

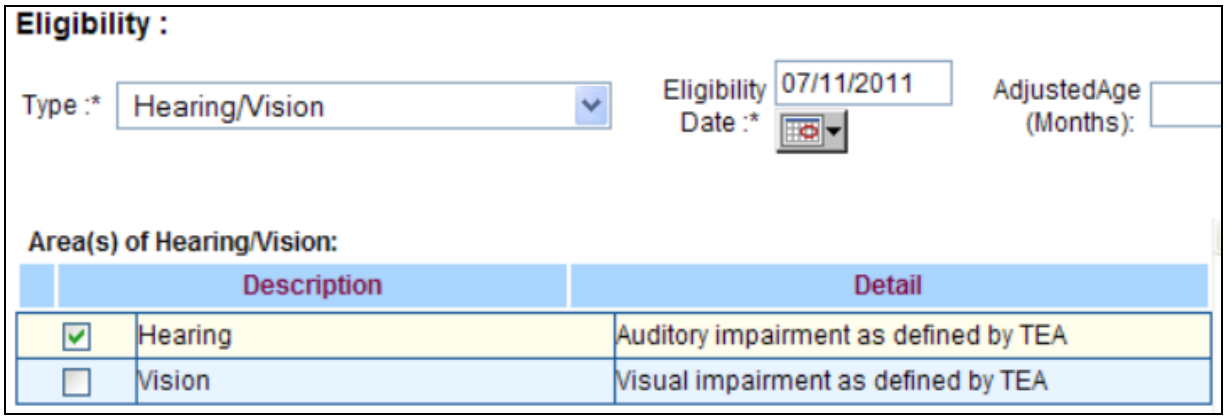


Developmental Delay-Qualitative: If the Developmental Delay-Qualitative eligibility type is selected, the *Area(s) of Developmental Delay* listed below will be displayed. At least one area of developmental delay must be selected. To indicate area(s) of developmental delay, enter the percent of delay for the applicable area(s). If the child is younger than three months of age on the Eligibility Date, you may check one or both of the last two check boxes. The options for Area of Developmental Delay-Qualitative are listed in Appendix A.

If a percent delay less than 15% is entered in one of the first five areas of delay, a warning message is displayed: "You are entering a percent delay of less than15%.". Verify that this is entered correctly and then select the button to continue.

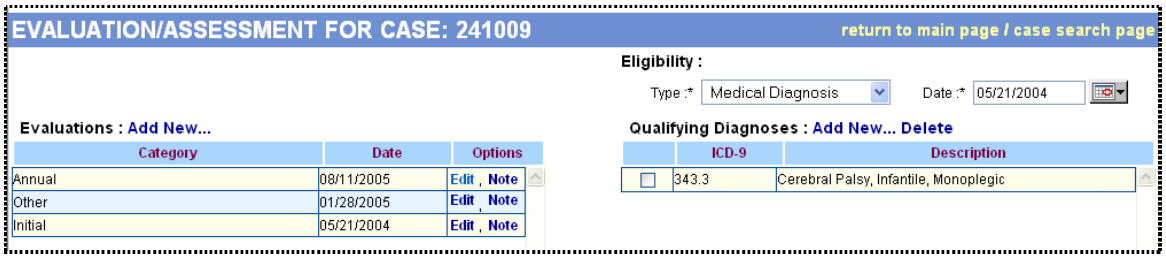


Hearing/Vision: If the Hearing/Vision eligibility type is selected, the Area(s) of Hearing/Vision listed below will be displayed. Check Hearing if the child has an auditory impairment, and/or Vision, if the child has a visual impairment, as defined by Texas Education Agency (TEA) criteria:

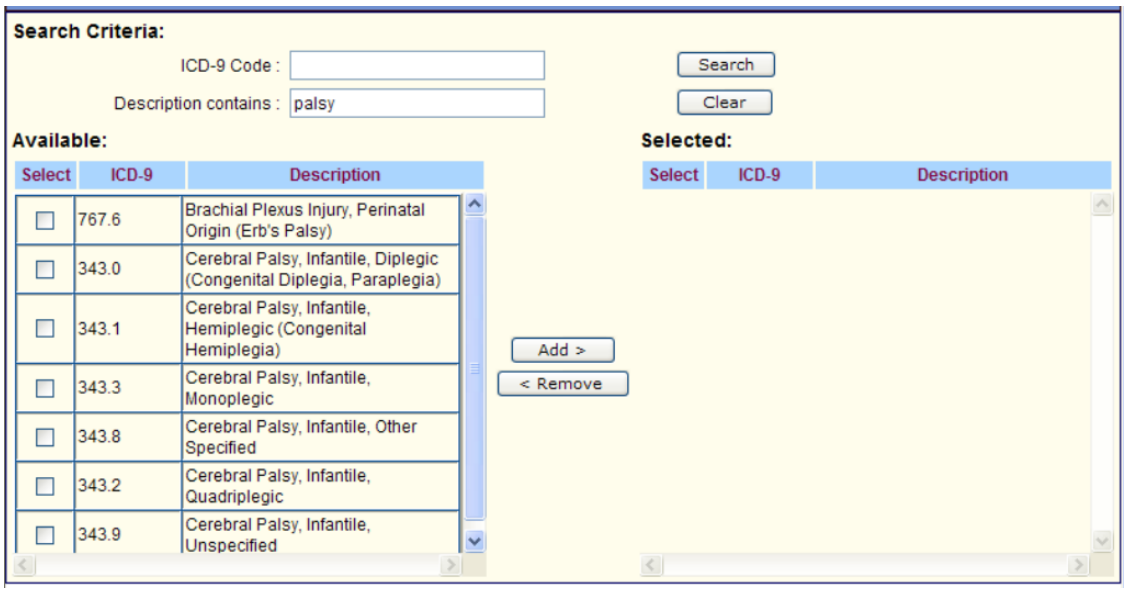


Medical Diagnosis: If the medical diagnosis eligibility type is selected, the box below will be labeled Qualifying Diagnoses.

Qualifying Diagnoses: To select a qualifying diagnosis, click on the **Add New** link next to **Qualifying Diagnoses**.



The **New Diagnosis** search page appears.



This page provides the following two search options for locating the desired diagnosis in the ICD-9 Medical Diagnosis list:

- **ICD-9 Code**: Enter all or part of the code in the **ICD-9 Code** field and click the **Search** button. A list of available matching diagnoses will appear. In some instances, one ICD-9 code will be associated with several different diagnoses. Be sure to select the correct diagnosis description.

- **Description Contains**: Enter all or part of the diagnosis name. Type the word in the **Description Contains** field, click the **Search** button and a list of available diagnoses containing that text will appear. For example, if the letters “pal” are entered in the field, clicking on the **Search** button will produce a list of all diagnoses with “pal” in the description.

Select the child’s qualifying diagnosis. At least one qualifying medical diagnosis must be selected.

After locating the diagnosis:

- In the ***Available*** results, check the box in the ***Select*** column at the far left of the page.
- Click the **Select >** button to move the diagnosis to the ***Selected*** field on the right side.
- Multiple diagnoses may be entered in the qualifying diagnosis list if applicable.
- Click the **Save** button to save the selection(s).

Once a qualifying diagnosis is assigned, the diagnosis will appear in the **Qualifying Diagnoses** list.

After clicking **Select**, if a qualifying diagnosis was selected in error, it can be removed before saving by clicking the **< Remove** button. A qualifying diagnosis can also be deleted after a selection has been made by checking the corresponding check box in the Qualifying Diagnosis list and clicking the ***Delete*** link.

To add another qualifying diagnosis, click the ***Add New*** link and repeat the steps above.

Please see **Instructions for** section later in this chapter for reporting evaluation data and assigning eligibility type for children with Interim IFSPs and transfer cases.

Required Data Fields Table

Case: Evaluation/Assessment

√ -- Required for Cases in this Disposition
R – Required Entry
RA – Required Where Applicable

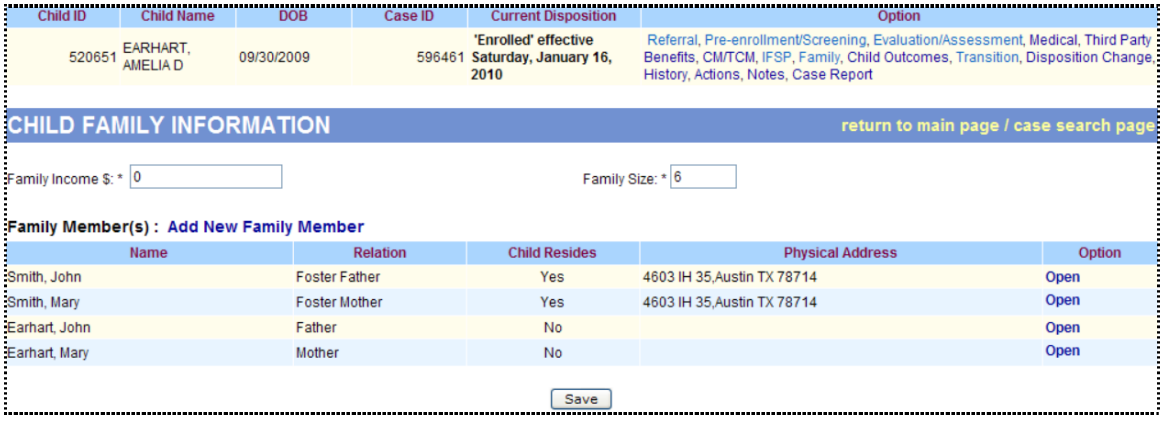
		Referral	Eligibility Determination	Enrolled
Evaluation Category	R		√	√
Evaluation Date	R		√	√
Evaluation Type	R		√	√
Discipline(s) Involved in Evaluation	R		√	√
Duration of the Evaluation	R		√	√
If Eligible For Services				
Eligibility Type	R		√	√
Eligibility Date	R		√	√
If the Eligibility Type is Medical Diagnosis				
Qualifying Diagnosis ICD-9	RA		√	√
Qualifying Diagnosis Description	RA		√	√

If the Eligibility Type is Developmental Delay				
Months of Delay for Area(s) of Developmental Delay	RA		√	√
If the Eligibility Type is Atypical Development				
Category for Area(s) of Atypical Development	RA		√	√

Family

The **Family** page contains information regarding the child's family, including family income, family size and family members. Contact information for family members, such as the address of the family, is also recorded in this section.

The family list can be sorted by clicking on the column header of the desired sorting element. For example, to sort by relationship to the child, click on the "Relation" label and the list will be sorted by relationship in alphabetical order.



Family Information

For the purpose of reporting family information, "family" includes the following persons who live in the same residence:

- The child;
- Those related to the child as a parent, step-parent or others who have a legal responsibility to support the child, or guardians/managing conservators who have a duty to provide food, shelter, education and medical care for the child; and

- Other children of the parent or step-parent.

In families where two parents share custody of a child and live in separate residences, count the parent/family who declares the child as a dependent for income tax purposes.

Family Income: Enter the total annual family income in the Family Income box. Family income is **required** for all children enrolled in comprehensive services and must be updated annually (e.g., at the time of the annual evaluation). Enter "0" if the family has no income.

Family Size: Type in the number of family members living in the home with the child, including the child served by ECI. Family size is **required** for all children enrolled in comprehensive services.

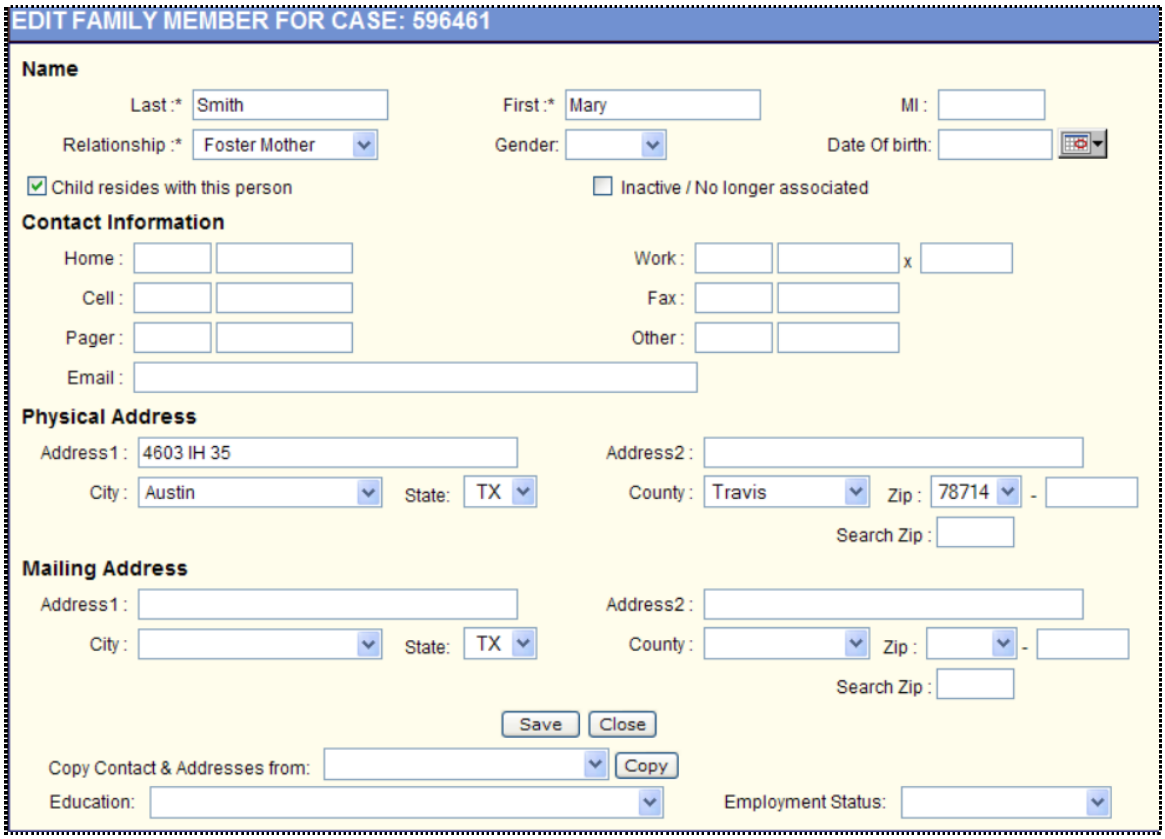
Family Member Information

To enter information about a family member, click the ***Add New Family Member*** link, and enter the following required data:

- First and last name;
- Relationship to the child;
- Whether the child resides with this person (check the box); and
- Contact information, including at least one contact number and complete physical and/or mailing address.

For all children enrolled in comprehensive services and Follow-Along, the information above is required for primary caregivers who reside with the child.

Family member information may be edited if necessary. To edit, click the **Open** link in the row that lists the family member's name. This will open the **Family Member** window where the data can be edited and then saved.



Local programs may choose to record the other kinds of family member information, such as education or employment status. In addition, local programs may enter information on as many additional family members as desired.

Name

- **Relationship:** Select the relationship of the family member to the child from the drop-down list. The relationship must be reported for the primary caregivers residing with the child.

- **Gender** and **Date of Birth:** Both of these fields are optional.

- **Child Resides with this Person:** Check box if the child lives with the family member

- **Inactive/No longer associated:** Check this box if the family member entered is no longer associated with the child.

Contact Information and Addresses: Enter (or copy) contact numbers and addresses.

TKIDS Timesaver: *Copy Contact & Address Feature*

This feature allows the user to copy contact numbers and addresses that have already been entered into the database where applicable. For example, if the address has been entered and saved for the child's mother, the feature can be used to copy the mother's address to the father's address when entering the father's information.

To use the copy address feature, select the desired address to copy from the list and then click **OK**. The selected address will automatically be copied into the address boxes.

Education: Choose the highest level of education attained by the family member from the drop-down list. This field is optional.

Employment Status: Indicate the family member's current employment status by choosing a category from the drop-down list. This field is optional.

Click the **Save** button to save the information entered and to close the window and return to the **Family** page. The family member will now be listed in the display box.

When a new case is created for a child, the family members previously entered will show up in the new case. The check boxes indicating **Child resides with this person** and **Inactive/No longer associated** must be checked as appropriate. The family members' contact information must be re-entered.

Required Data Fields Table

Case: Family

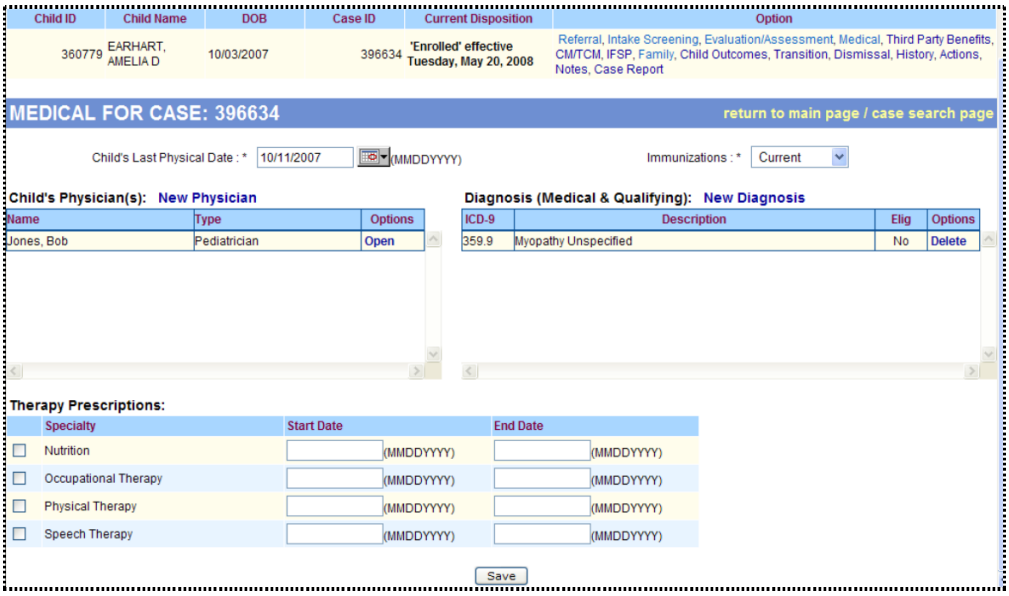
√ -- Required for Cases in this Disposition
R – Required Entry
RA – Required Where Applicable

		Referral	Eligibility Determination	Enrolled	Follow Along
Family Income	R			√	
Family Size	R			√	
Last Name	R			√	√

First Name	R			√	√
Middle Initial					
Relationship	R			√	√
Gender					
DOB					
Child Resides With This Person	R			√	√
Inactive/No longer associated					
Contact Information					
Contact Number(s)	R			√	√
(Physical Address)	R			√	√
Address	R			√	√
City	R			√	√
State	R			√	√
County	R			√	√
Zip Code	R			√	√
(Mailing Address)				√	
Address	RA			√	
City	RA			√	
State	RA			√	
County	RA			√	
Zip Code	RA			√	
Education					
Employment Status					

Medical

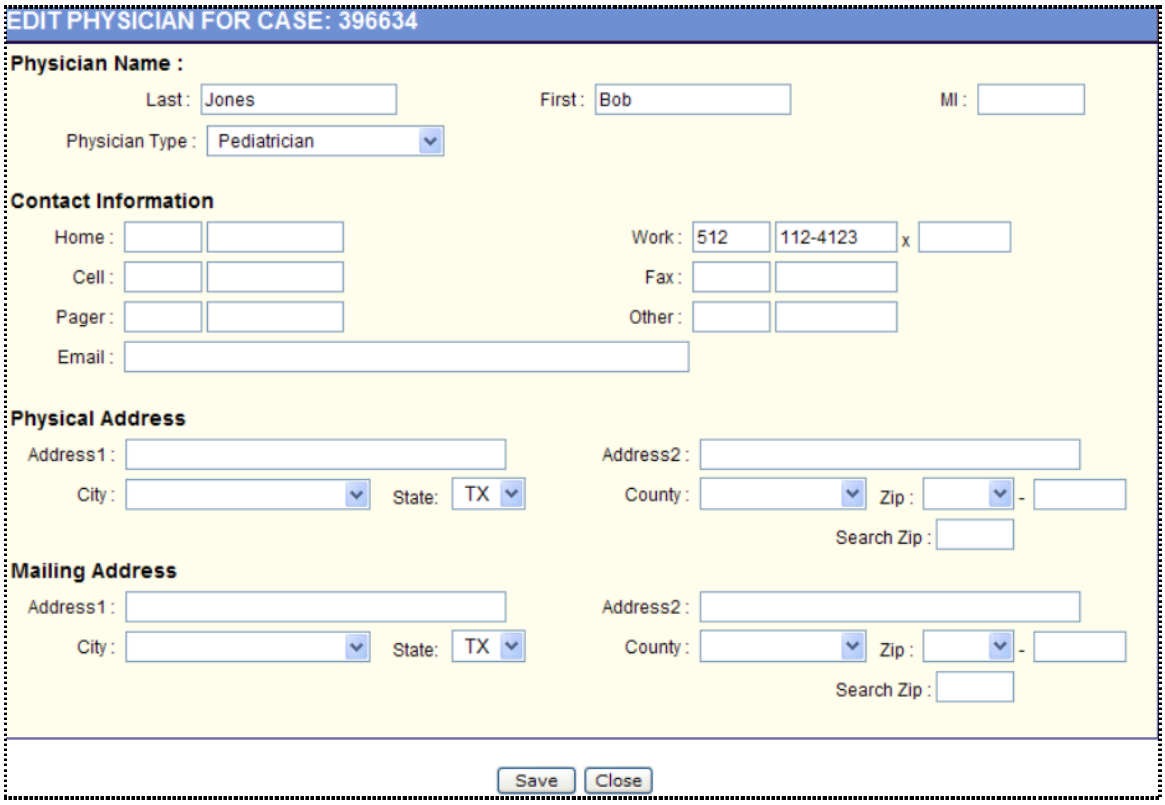
The **Medical** page details the child's medical information. This page serves to document information regarding the child's last physical exam, immunization status, medical diagnoses, therapy prescriptions, and physicians associated with the child's case.



Child's Last Physical Date: Enter the date of the child's last documented physical exam.

Immunization Status: Select the child's immunization status from the drop-down list.

Child's Physician(s): Click the **New Physician** link, which will open a window labeled **New Physician for Case**, where details for each physician can be entered.



Physician Name:

- Type in the physician's last name, first name, and middle initial (where applicable).

- Choose the physician's medical specialty type from the drop-down list provided in the **Physician Type** field.

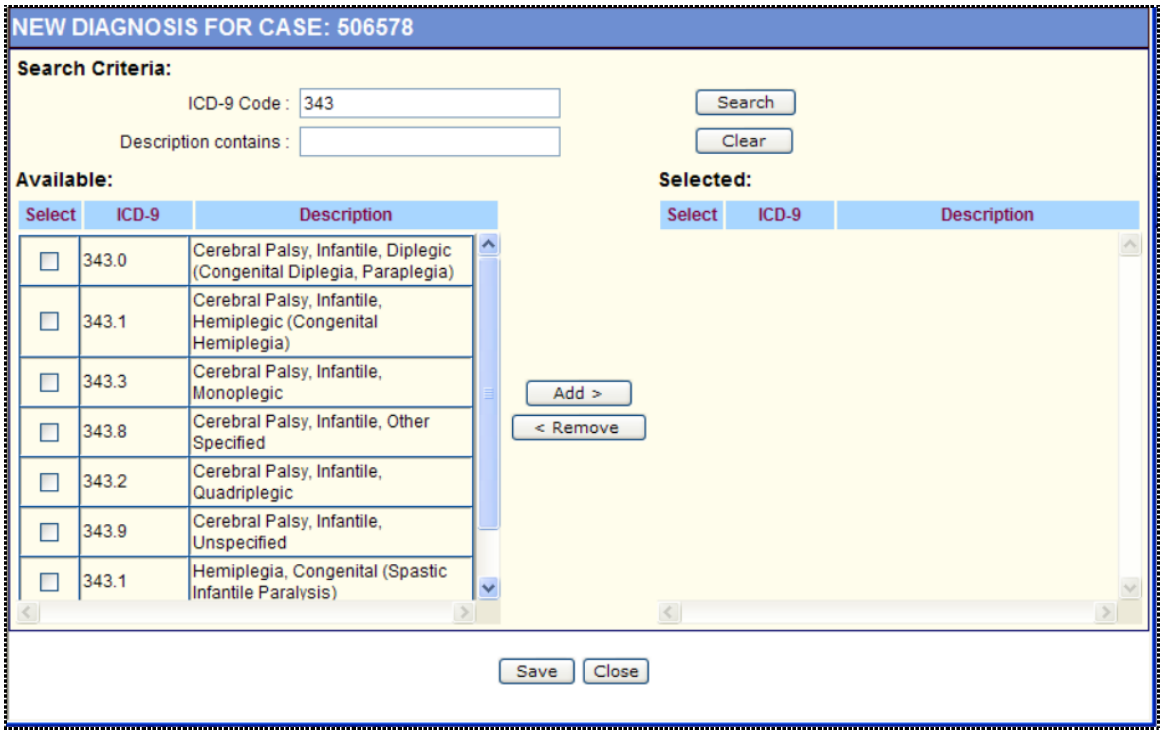
Click the **Save** button to save the physician data. Click the **Close** button to close the **Edit Physician** window.

The physician's name and medical specialty type will now be displayed in the Child's Physician(s) list. Multiple records may be entered into the physician list. For each physician, contact information, physical address and mailing address may be entered.

The physician(s) list may be edited as needed. To edit physician information, click the **Open** link on the line containing the physician's name. Click the **Save** button after editing.

Diagnoses (Qualifying & Non-Qualifying): This list displays all diagnoses entered for the child on the **Evaluation/Assessment** page. It includes qualifying diagnoses; i.e., those that automatically qualify a child for ECI services, and/or medical diagnoses, which are all other medical diagnoses in the child's medical record.

Click the ***New Diagnosis*** link, which will open a window labeled **New Diagnosis for Case,** to enter each known non-qualifying diagnosis. *Enter only non-qualifying diagnoses for the child on this page.* Qualifying diagnoses must be entered in the Eligibility section of the **Evaluation/Assessment** page.



This page provides the following two search options for locating the desired diagnosis in the ICD-9 Medical Diagnosis list:

- **ICD-9 Code**: Enter all or part of the code in the ICD-9 Code field and click the **Search** button. A list of available matching diagnoses will appear. In some instances, one ICD-9 code will be associated with several different diagnoses. Be sure to select the correct diagnosis description.

- **Description Contains**: Enter all or part of the diagnosis name. Type the word in the **Description Contains** field, click the **Search** button and a list of available diagnoses containing that text will appear. For example, if the

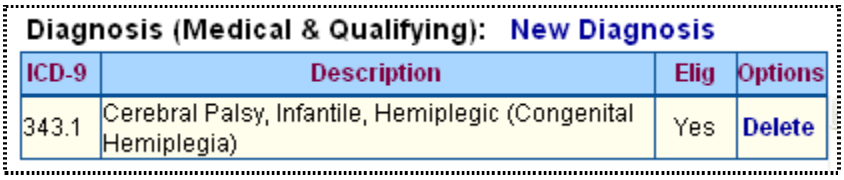
letters “pal” are entered in the field, clicking on the **Search** button will produce a list of all diagnoses with “pal” in the description.

After locating the desired diagnosis:

- In the **Available** results, check the box in the **Select** column next to the ICD-9 code;
- Click the **Add >** button to add the diagnosis to the **Selected** list.
- Multiple diagnoses can be added to the **Selected** diagnosis list as applicable.
- Click the **< Remove** button *before saving* to remove a selected diagnosis.

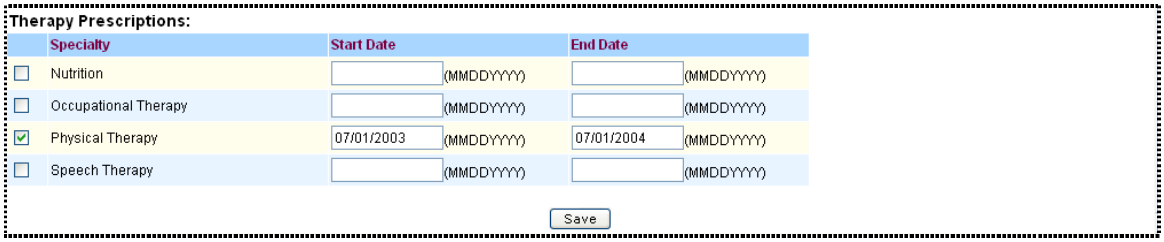
Click the **Save** button to save the data and close the window. Click the **Close** button to close the window without saving data.

The **Elig** column will display “Yes” if the diagnosis is a qualifying diagnosis. This is generated by the system, not entered by the user.



To remove a diagnosis, click **Delete** under **Options** on the corresponding row. The diagnosis will then be removed from the **Selected** list.

Therapy Prescriptions: The start and end dates for therapy prescriptions for a child may be recorded in the **Therapy Prescriptions** box. The dates are entered in the corresponding row for each of the prescription types.



Required Data Fields Table

Case: Medical

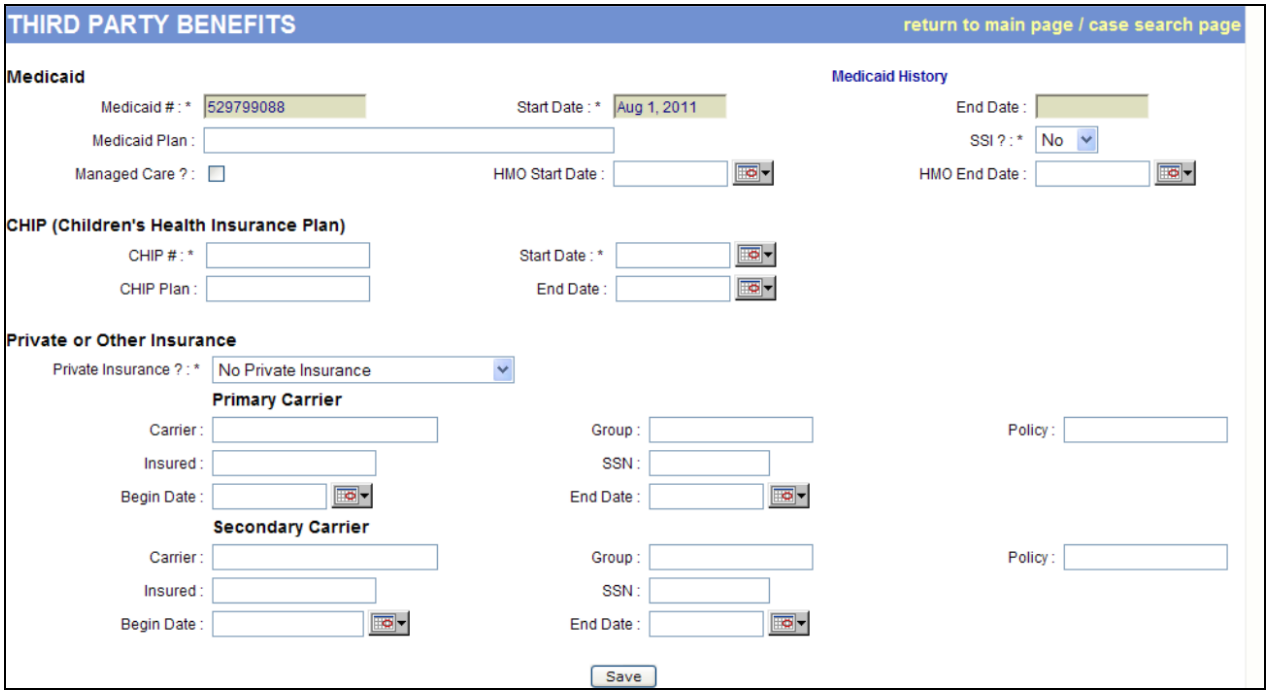
√ -- Required for Cases in this Disposition
R – Required Entry
RA – Required Where Applicable

		Referral	Eligibility Determination	Enrolled
Child's Last Physical Date				
Immunizations	R			√
Diagnoses (Medical and Qualifying)	RA			√
Diagnosis Description				
Therapy Prescriptions Specialty				
Therapy Start Date				
Therapy End Date				
Physician's Name				
Physician Type				
(Contact Information)				
(Physical Address)				
Address				
City				
County				
State				
Zip Code				
(Mailing Address)				
Address				
City				
County				
State				
Zip Code				

Third Party Benefits

The **Third Party Benefits** page contains information about Medicaid, CHIP and Private Insurance.

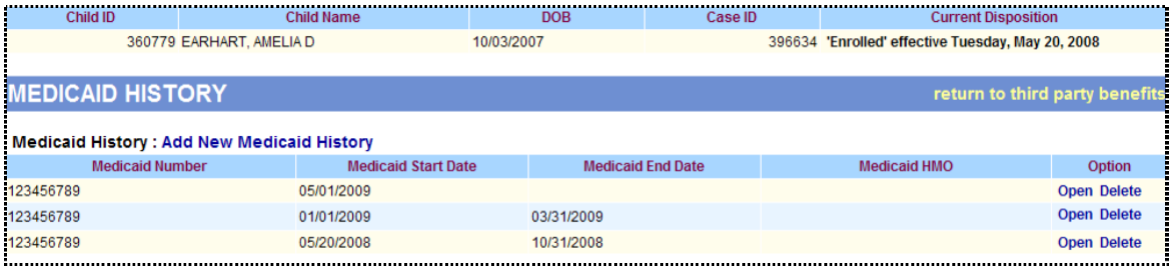
Medicaid and CHIP information are required as applicable – i.e., if the child has Medicaid or CHIP. **The Private Insurance field must be filled in for all enrolled children.** These fields must be updated as changes occur.



Medicaid

Medicaid History, accessible from the **Third Party Benefits** page, allows for the display and editing of multiple Medicaid eligibility periods. This section allows users to add, edit or delete periods of eligibility. Users will see the **Medicaid Number** and **Medicaid Start** and **End Dates** of the most current eligibility period displayed as read-only fields on the **Third Party Benefits** page.

For children enrolled in Medicaid, click the ***Medicaid History*** link to view the Medicaid history.



Child ID	Child Name	DOB	Case ID	Current Disposition
360779	EARHART, AMELIA D	10/03/2007	396634	'Enrolled' effective Tuesday, May 20, 2008

MEDICAID HISTORY return to third party benefits

Medicaid History : Add New Medicaid History

Medicaid Number	Medicaid Start Date	Medicaid End Date	Medicaid HMO	Option
123456789	05/01/2009			Open Delete
123456789	01/01/2009	03/31/2009		Open Delete
123456789	05/20/2008	10/31/2008		Open Delete

From the **Medicaid History** page, click the ***Add New Medicaid History*** link to enter the:

Medicaid Number: Enter the child's Medicaid number.

Medicaid Start Date: Enter the beginning date of the child's period of enrollment in Medicaid.

Medicaid End Date: Enter the date the child's enrollment in Medicaid ended. Leave this field blank if the child is currently enrolled in Medicaid. If an end date was entered but is later determined inaccurate, the end date must be removed or changed.

Medicaid HMO: This field is optional for local program use. It is used to record the name of the Health Maintenance Organization (HMO) for children enrolled in a Medicaid managed care HMO.

When a new Medicaid enrollment period begins, an end date for the previous enrollment period must be entered. The new period must be added with the new start date.

After entering the information, click **Save** and then **Close**.

The most current information entered in the Medicaid History section will be displayed on the **Third Party Benefits** page. This information is read-only – to make changes, go back into the Medicaid History section.

On the **Third Party Benefits** page, also enter:

SSI: Choose "Yes" or "No" from the drop-down list to indicate whether the child receives Supplemental Security Income (SSI).

The other fields related to Medicaid are *optional*, for local program use.

Medicaid Plan: Enter the name of the child's Medicaid plan.

Managed Care: Check the box if the child's Medicaid plan is a managed care plan.

HMO Start Date: Enter the start date of enrollment in Medicaid Managed Care HMO.

HMO End Date: Enter the end date of enrollment in Medicaid Managed Care HMO.

CHIP (Children's Health Insurance Program)

The "CHIP Number" and "Enrollment Date" are required data for children who are enrolled in comprehensive services and in CHIP.

CHIP #: Enter the child's CHIP number.

Enrollment Date: Enter the date the child was enrolled in CHIP.

CHIP Plan: Enter the name of the child's CHIP plan.

End Date: Enter the date the child's enrollment in CHIP ended. Leave this field blank if the child is still enrolled in CHIP.

Private Insurance

This field, used to report the private insurance status of the family, is **required for all cases in the enrolled disposition** (even for those children with Medicaid or CHIP).

Private Insurance?: Select from the drop-down list to indicate whether the family has insurance that covers the child, and whether the family has given consent to bill:

- Private Insurance – Consent to Bill
- Private Insurance – No Consent to Bill
- No Private Insurance

Primary Carrier and **Secondary Carrier**

Carrier: Enter the name of the child's insurance carrier.

Insured: Enter the name of the insured person.

Group: Enter the group number of the child's insurance policy.

Policy: Enter the policy number of the child's insurance policy.

Start Date: Enter the effective date of the child's insurance policy.

End Date: Enter the ending date of the child's insurance policy.

Required Data Fields Table

Case: Third Party Benefits

√ -- Required for Cases in this Disposition
R – Required Entry
RA – Required Where Applicable

		Referral	Eligibility Determination	Enrolled
Medicaid #	RA			√
Medicaid Start Date	RA			√
Medicaid End Date	RA			√
Medicaid Plan				
SSI Status	RA			√
Managed Care				
HMO Start Date				
HMO End Date				
CHIP #	RA			√
CHIP Enrollment Date	RA			√
CHIP End Date	RA			√
CHIP Plan				
Private Insurance	R			√
Primary Carrier				
Insured (Primary)				
Group (Primary)				
Policy (Primary)				
SSN (Primary)				
Secondary Carrier				
Insured (Secondary)				
Group (Secondary)				
Policy (Secondary)				
SSN (Secondary)				

Case Management and Targeted Case Management (CM/TCM)

The **CM/TCM** page displays the Medicaid History of the case at the top, and the bottom portion allows for the entry of Service Coordination and/or Targeted Case Management activities.

Medicaid History: This is read-only information from the **Third Party Benefits** page.

Child ID	Child Name	DOB	Case ID	Current Disposition	Option
587061	EARHART, AMELIA	01/01/2010	683060	**'Enrolled' effective Tuesday, February 01, 2011**	Referral, Pre-enrollment/Screening, Evaluation/Assessment, Medical, Third Party Benefits, CM/TCM, IFSP, Family, Child Outcomes, Transition, Disposition Change, History, Actions, Notes, Case Report

CASE MANAGEMENT & TARGETED CASE MANAGEMENT (TCM) return to main page / case search page

Medicaid History

Medicaid Number	Medicaid Start Date	Medicaid End Date	Medicaid HMO
102345678	02/01/2011		

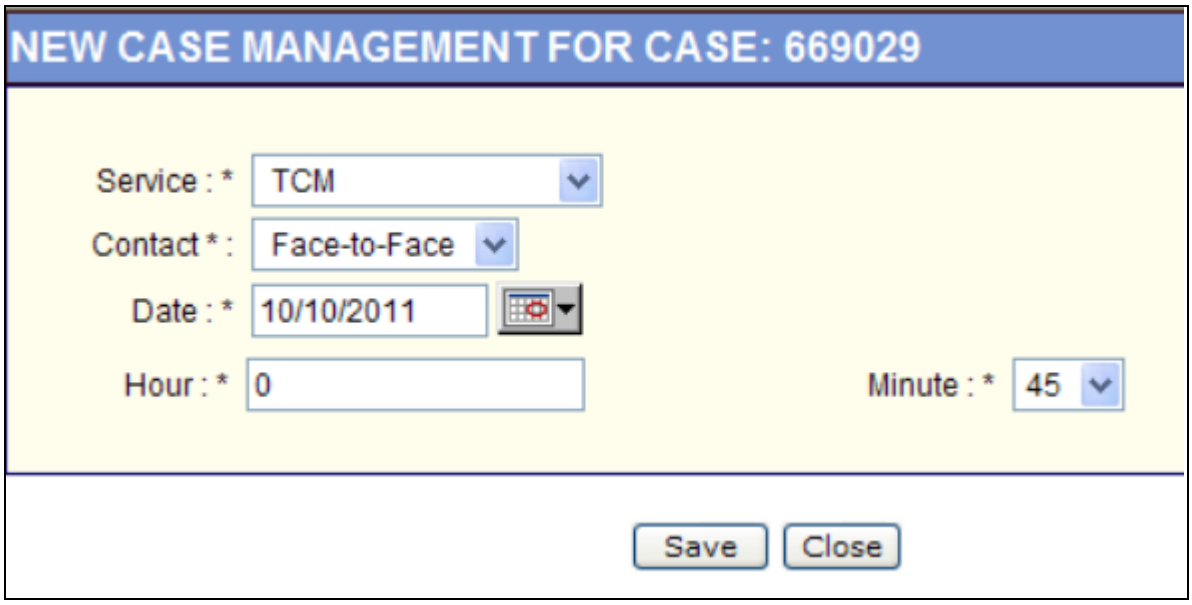
Case Management Summary : Add New

Service	Contact	Hrs	Min	Date	Option
TCM	Telephone	0	30	4/10/2011	Open Delete
TCM	Telephone	0	15	3/6/2011	Open Delete
TCM	Face-to-Face	1	0	2/1/2011	Open Delete
Service Coordination	Face-to-Face	1	0	1/20/2011	Open Delete

Case Management Summary: The intent of this section is to record time for each of the following four categories of service:

Service	**Type**
Service Coordination	F-F
Service Coordination	Phone
TCM	F-F
TCM	Phone

Add New (link): Click to add a row of information using the following pop-up window.



Service: Select SC or TCM, as appropriate. SC applies only to case management activities before eligibility. TCM applies to a Medicaid billable activity regardless of whether the child actually has Medicaid.

Contact: Select telephone or face-to-face.

Date: Enter the date of the contact.

Hour and **Minute**: Enter the length of time of the contact.

Option

Open (link): click to open an existing record, and edit as needed.

Delete **(**link): click to delete the corresponding row.

The following guidelines apply to the reporting of SC/TCM information:

- Programs must enter only SC/TCM provided by the assigned service coordinator.
- Information is **only** required for children who become **enrolled**.
- Each SC/TCM entry is to be entered in hours and minutes, in 15-minute increments rounded as follows:

Actual Number of Minutes	TKIDS Entry
0 minutes through 7 minutes	No entry
8 minutes through 22 minutes	15 minutes
23 minutes through 37 minutes	30 minutes
38 minutes through 52 minutes	45 minutes

53 minutes through 67 minutes	1 hour
68 minutes through 82 minutes	1 hour, 15 minutes
83 minutes through 97 minutes	1 hour, 30 minutes
98 minutes through 112 minutes	1 hour, 45 minutes
113 minutes through 127 minutes	2 hours

- Travel time must **not** be included.
- All case management contacts that meet the definition of a TCM billable activity should be entered as Targeted Case Management (TCM), irrespective of the child's Medicaid eligibility.
- Service coordination (SC) activities (as defined by IDEA Part C regulations) that occur prior to eligibility should be entered as SC for children who enroll in ECI services.
- Any other case management activities (i.e., those that take place after eligibility and do not meet the definition of a TCM billable activity)) should not be entered.
- If you prefer to aggregate entry, enter the total monthly amount of time per child for each combination of service (SC/TCM) and contact type (face-to-face/telephone). Use the last day of the month as the date of service. If you aggregate, be sure to **first** round the time for each contact to the nearest 15-minute increment, and then sum the time for each combination of service/contact type.

Note: Whether or not you choose to aggregate, data entry should be consistent.

Required Data Fields Table

Case: CM/TCM

√ -- Required for Cases in this Disposition
R – Required Entry
RA – Required Where Applicable

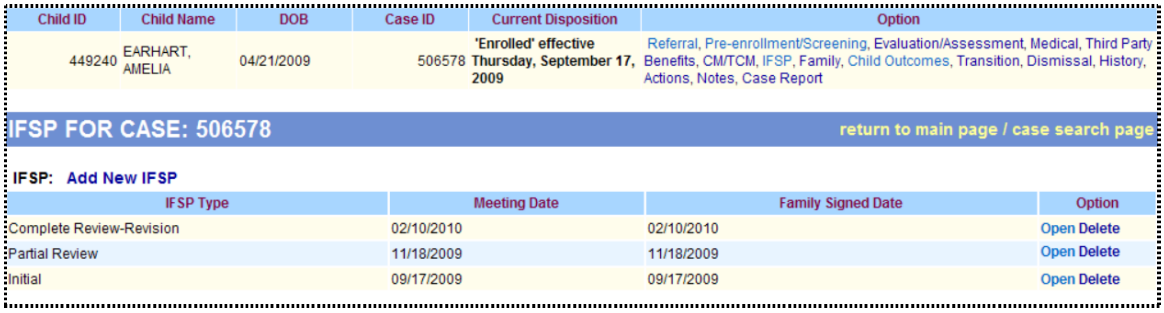
		Referral	Eligibility Determination	Enrolled
CM or TCM Service	RA			√
Contact	R			√
Date	R			√
Time (hours and min.)	R			√

Individualized Family Service Plan (IFSP)

The **IFSP** main page displays a list of the IFSPs that have been entered with the most recent IFSP on top. Entry of an IFSP and the meeting and family signed dates results in a case moving to the **Enrolled** disposition.

From this page, the user can add a new IFSP, or view, edit or delete an existing IFSP. If all IFSPs are deleted, the case will revert to the Eligibility Determination disposition.

> **Note:** When deleting IFSPs, this should be done in reverse chronological order; otherwise the Actions may not be updated correctly.



Child ID	Child Name	DOB	Case ID	Current Disposition	Option
449240	EARHART, AMELIA	04/21/2009	506578	'Enrolled' effective Thursday, September 17, 2009	Referral, Pre-enrollment/Screening, Evaluation/Assessment, Medical, Third Party Benefits, CM/TCM, IFSP, Family, Child Outcomes, Transition, Dismissal, History, Actions, Notes, Case Report

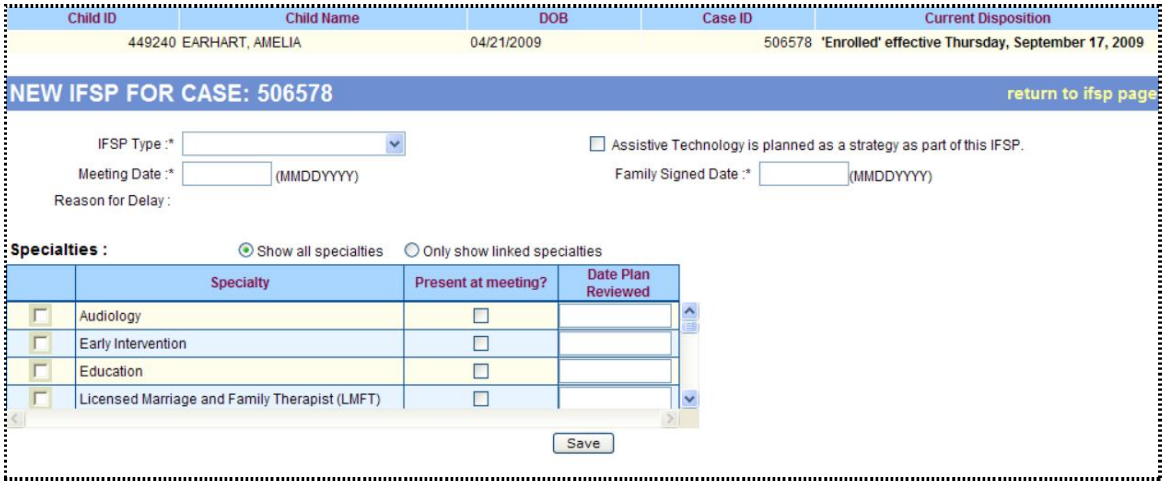
IFSP FOR CASE: 506578 return to main page / case search page

IFSP: Add New IFSP

IFSP Type	Meeting Date	Family Signed Date	Option
Complete Review-Revision	02/10/2010	02/10/2010	Open Delete
Partial Review	11/18/2009	11/18/2009	Open Delete
Initial	09/17/2009	09/17/2009	Open Delete

Entering a New IFSP

Add New IFSP (link): click to create a new IFSP.



Child ID	Child Name	DOB	Case ID	Current Disposition
449240	EARHART, AMELIA	04/21/2009	506578	'Enrolled' effective Thursday, September 17, 2009

NEW IFSP FOR CASE: 506578 return to ifsp page

IFSP Type :*

Meeting Date :* (MMDDYYYY)

Reason for Delay :

Assistive Technology is planned as a strategy as part of this IFSP.

Family Signed Date :* (MMDDYYYY)

Specialties : Show all specialties Only show linked specialties

	Specialty	Present at meeting?	Date Plan Reviewed
	Audiology		
	Early Intervention		
	Education		
	Licensed Marriage and Family Therapist (LMFT)		

Save

IFSP Type: Select the type of IFSP from the drop-down list. The choices for IFSP Type are:

- Initial
- Complete Review – No change

- Complete Review – Revision
- Annual
- Partial Review
- Interim
- Continuation

Meeting Date: Enter the date the meeting took place.

Reason for Delay: Upon entering an Initial IFSP, if the Meeting Date is more than 45 days after the Referral date, TKIDS will force the entry of the documented Reason for Delay. If the case has a Transfer-in date entered, TKIDS will not force the Reason for Delay. See Appendix A for a description of the options for the Reason for Delay.

Assistive Technology: Check this box only if Assistive Technology is used by the child or to achieve an outcome for the IFSP. If Assistive Technology is a planned service in and of itself, it should be entered in the same manner as all other planned services.

Family Signed Date: Enter the date that the family signed the IFSP document.

> **NOTE**: The child's disposition changes from Eligibility Determination to Enrolled in the TKIDS system when the Family Signed Date for the first IFSP is entered and saved.

Specialties: To indicate the specialties represented on the IFSP team, either check the **Present at meeting?** box or enter the date that the IFSP was reviewed and signed by the team member on the corresponding line in the **Date Plan Reviewed** column. Use the scroll bar to move through the list. The checkbox to the left of the appropriate Specialty will then be auto-filled.

See **Appendix A - TKIDS Data Dictionary** for explanation of the specialty categories.

> **NOTE:** Include all specialties represented on the IFSP team for every IFSP entered. A minimum of two specialties is required on a team.

Click the **Save** button to save the IFSP information.

> **NOTE:** The **Show all specialties** radio button displays the entire list of specialties. After saving the IFSP, the **Only show linked specialties** radio button displays only the specialties that are associated with this IFSP.

If the **IFSP Signed Date** for the first IFSP entered is before the Referral Date and a Transfer-in Date has not been entered, the following warning message will appear: "Please enter a Transferred-In Date." See Instructions for at the end of this chapter for entering IFSP data for transfer cases.

Complete Review – No Change

If you are entering an IFSP type Complete Review – No Change, the only fields that are required by TKIDS are Meeting Date, Family Signed Date, and at least one team member specialty. Because ECI Standards do not require a face-to-face meeting or family signature for this type of IFSP review, both the Meeting Date and the Family Signed Date fields should reflect the date of the IFSP review.

Interim IFSPs

Interim IFSPs are allowed under special circumstances to ensure that services are provided to children with obvious immediate needs. Rules allow, with informed parental consent, early intervention services to begin before evaluation and assessment are completed for a child who presents obvious immediate needs. (An evaluation, assessment, and initial IFSP must still be completed.)

Because Interim IFSPs curtail the normal eligibility determination and IFSP development procedures, the process for reporting certain data in TKIDS for these cases is different. It is important to follow the steps below to ensure that the child will move through the necessary dispositions in the TKIDS application to result in a disposition of enrollment. The following describes special procedures for the relevant pages in the Case section:

Pre-enrollment/Screening

Service Coordinator: Interim IFSP cases require the assignment of a service coordinator. This service coordinator must be assigned to the child as both the “Initial Service Coordinator” and the “Primary Service Coordinator” on the “Pre-enrollment/Screening” page to meet requirements for both referral and enrollment dispositions.

Screenings: Although screenings are not required before the creation of an Interim IFSP, the TKIDS system does require that screening results be entered before a case can move to the enrolled disposition. Therefore, choose the “Pending” result for the required screenings, and then update the results once the screenings have been conducted.

Evaluation/Assessment

Eligibility type and date: If a medically diagnosed condition has been confirmed, choose the "Medical Diagnosis" type and the known diagnosis. If you do not know the Eligibility Type, choose the "Atypical Development" type and choose an "Area of Atypical Development" for the child. Once an evaluation is completed, the Eligibility Type should be changed to the correct type.

IFSP

IFSP Type: Choose "Interim IFSP" and indicate the meeting and family sign dates.

Other areas of data reporting, such as referral, family, medical, and third-party benefit information are not affected by the Interim IFSP status. Service data is also reported in the same manner as other IFSP types.

For additional details regarding IFSP types, see Appendix A.

Continuation IFSP

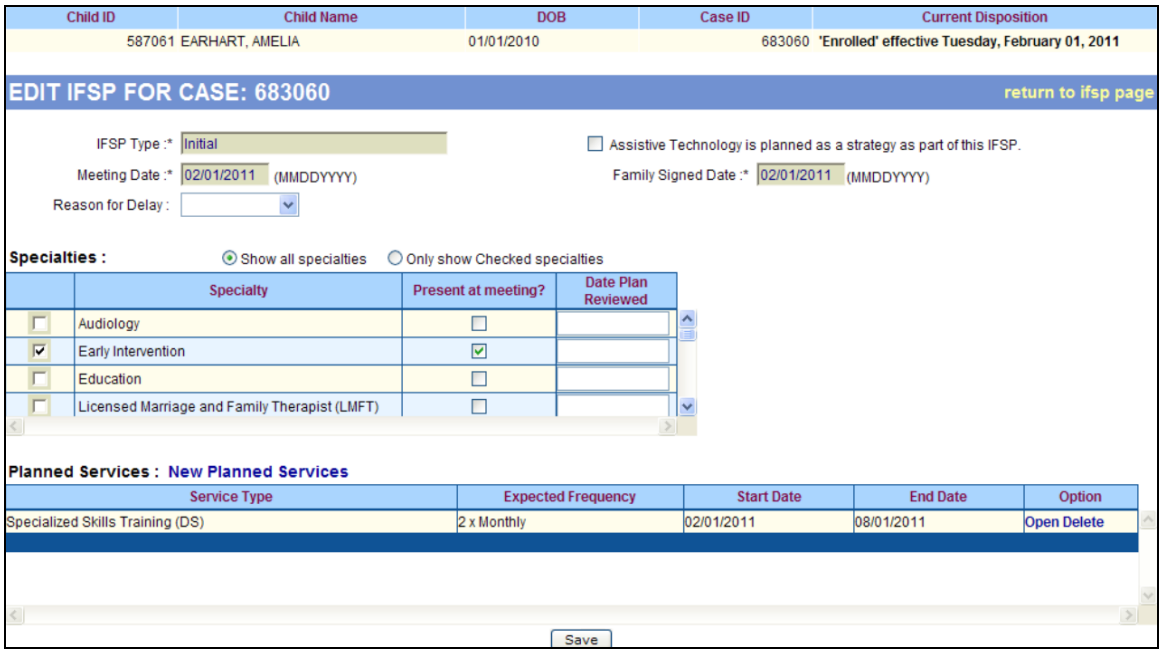
Choose **Continuation IFSP** to continue to enter IFSP services after an IFSP Services Page expiration date. In rare cases, family circumstances make it impossible to conduct a meeting before an IFSP Services Page expires. Services continue to be provided as listed on the "expired" IFSP Services Page until a new one is developed.

Services can be entered into a "continuation" IFSP for no longer than 60 days. By definition, no meeting with the family was conducted, therefore, the beginning date of the continued services should be entered as the meeting and family signed date.

The specialties of the IFSP team members who developed the previous IFSP must be entered, including those who were not present at the IFSP meeting but reviewed and signed off on the previous IFSP after the meeting.

Planned Services

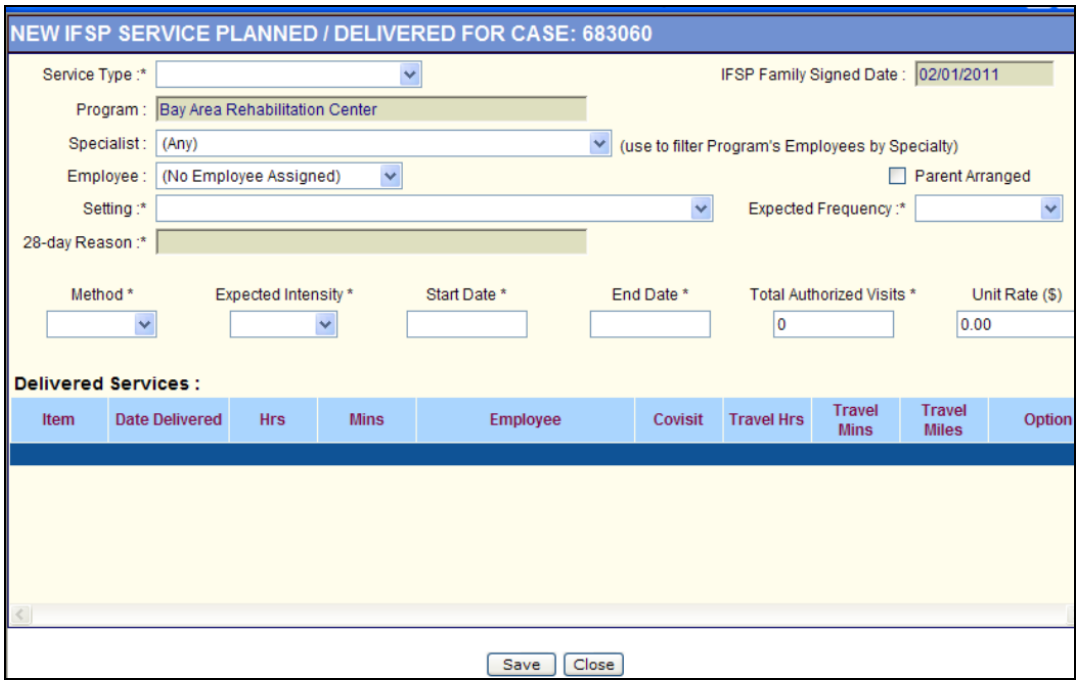
The **IFSP** window displays a list of the planned services agreed to by the IFSP team. The list includes the service type, the frequency, and the start and end dates of the service.



Planned services information is required for all children enrolled in your program. All services recommended by the IFSP team should be entered into TKIDS, including parent-arranged. Do not enter planned or delivered services on an IFSP type **Complete Review-No Change.** Continue to enter delivered services on the previous IFSP.

Entering a Planned Service

New Planned Services (link): Click this link to open the **New IFSP Service Planned/Received** window where information is entered for a planned service.



Service Type: Choose the type of service from the drop-down list**.** Descriptions of the service types are located in Appendix A – TKIDS Data Dictionary.

IFSP Family Signed Date: This field automatically displays the date the family signed the IFSP, as entered when the IFSP was created.

Program: This field automatically displays the ECI contractor name.

Specialist: This field may be used to limit the list of employees shown in the drop-down list in the Employee field. It is only a filter; it is not saved.

The default value for **Specialist** is "<Any>", which produces a list of all employees in your program in the **Employee** drop-down list. If a particular **Specialist** type is chosen, the list of employees in the **Employee** drop-down list will be limited to those employees in your program with that specialty type.

An employee may be more than one type of **Specialist**. For example, an employee may be both an EIS and a LPC. In this case, choose the specialist type that corresponds to the type of service to be delivered.

Descriptions of the specialist types are located in Appendix A – TKIDS Data Dictionary.

Employee: From the drop-down list, select the name of the service provider that will be providing the service. Select the *Generic* discipline as the employee name only for a parent-arranged, AI or VI service.

Parent Arranged: Check this box when the parent requests or agrees to access a provider outside of Contractor's ECI program and will be responsible for all costs incurred for the service (except AI and VI services).

Setting: Select the primary service setting in which the service will be delivered, using the drop-down list**.** If for any one service, the child receives the service in more than one setting, enter the setting in which the child receives the most hours of that service. Descriptions of the service settings are listed in Appendix A – TKIDS Data Dictionary.

Expected Frequency: Select the frequency of the service from the drop-down list. The frequency of a service is how often the planned service is expected to occur.

28-Day Reason: This field automatically displays the reason why a service was not delivered within 28 days of the IFSP signed date, as entered on the first delivered service entered for this planned service.

Method: Select the method of service from the drop-down list.

Expected Intensity: Select the intensity of the service from the drop-down list. The intensity of a service is the length of time each service visit is expected to last.

Start Date: Enter the anticipated date that the service will first be delivered.

End Date: Enter the anticipated date that the service will end.

Total Authorized Visits: Enter the total number of visits planned to occur during the period of the IFSP, based on the planned frequency and taking into account the planned start and end dates of each service.

Unit Rate: This field may be used to enter the cost of one unit of service; but it is not required.

Click **Save** to save the planned service data.

Click **Close** to close the window and return to the IFSP main page. The saved service data will now appear in the Planned Services list.

Deleting a Planned Service

To delete a planned service, on the **Edit IFSP** page, click **Delete** under **Options** on the line of the service to be deleted.

> **Note:** A planned service may not be deleted until all of the delivered services attached to it are deleted.

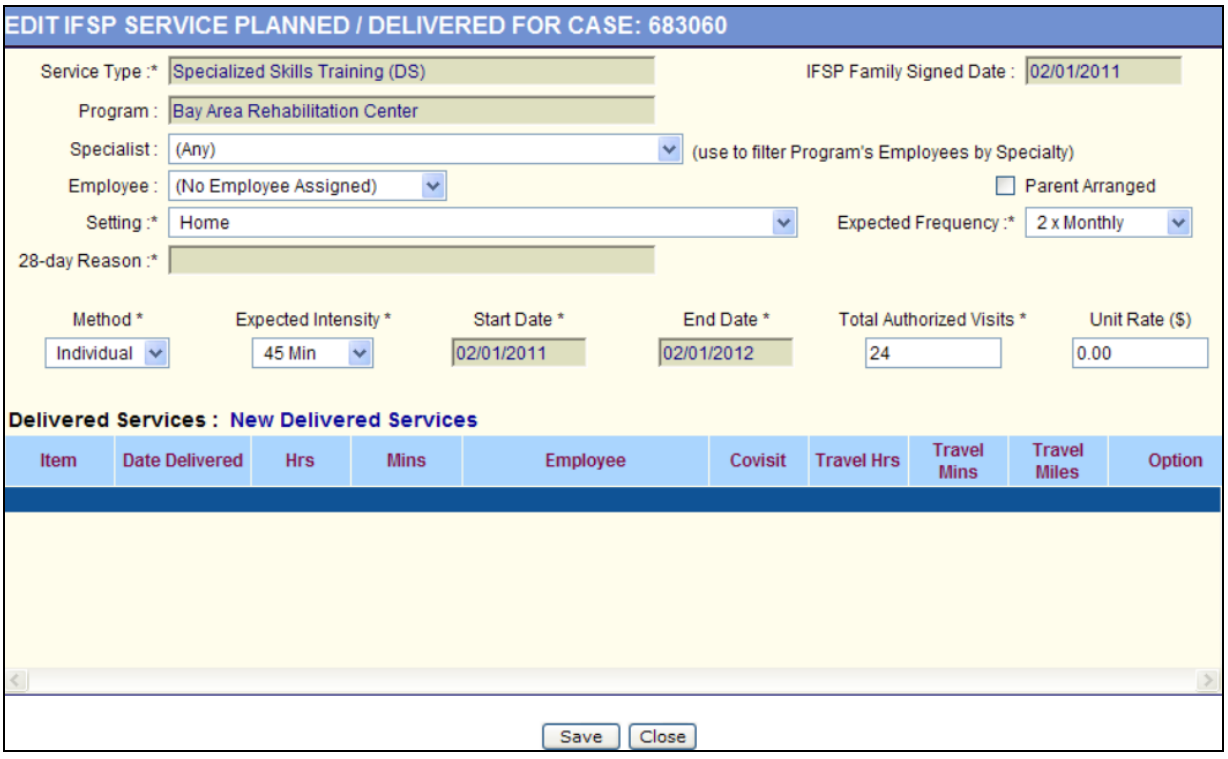
Delivered Services

Delivered services should be entered for each planned service type except Case Management Only. When Case Management Only is the planned service, TKIDS will not allow data entry of delivered services on this page. Case Management should be entered on the **CM/TCM** page.

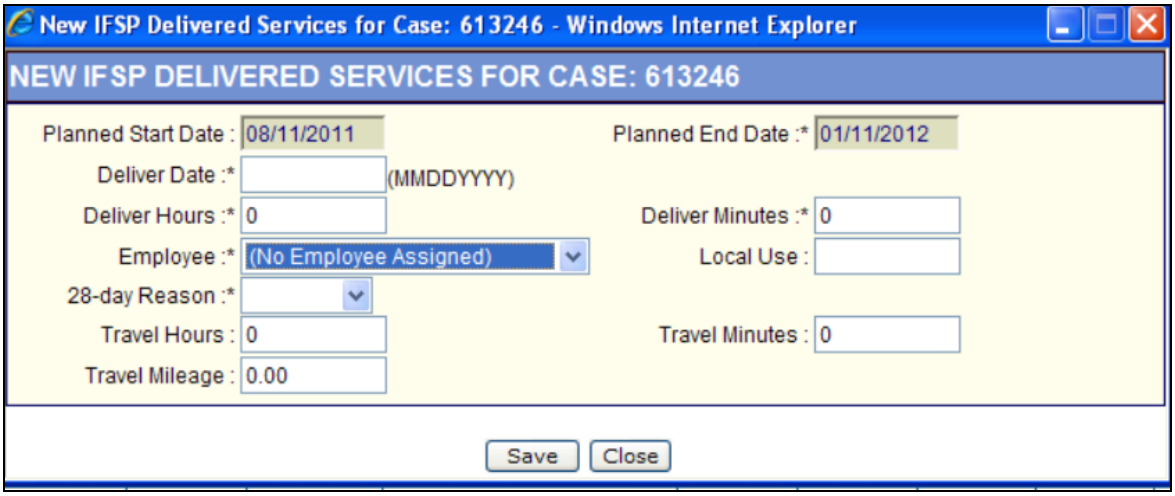
Delivered services entered should reflect the length of time of actual service delivery, not staff time.

Entering a Delivered Service

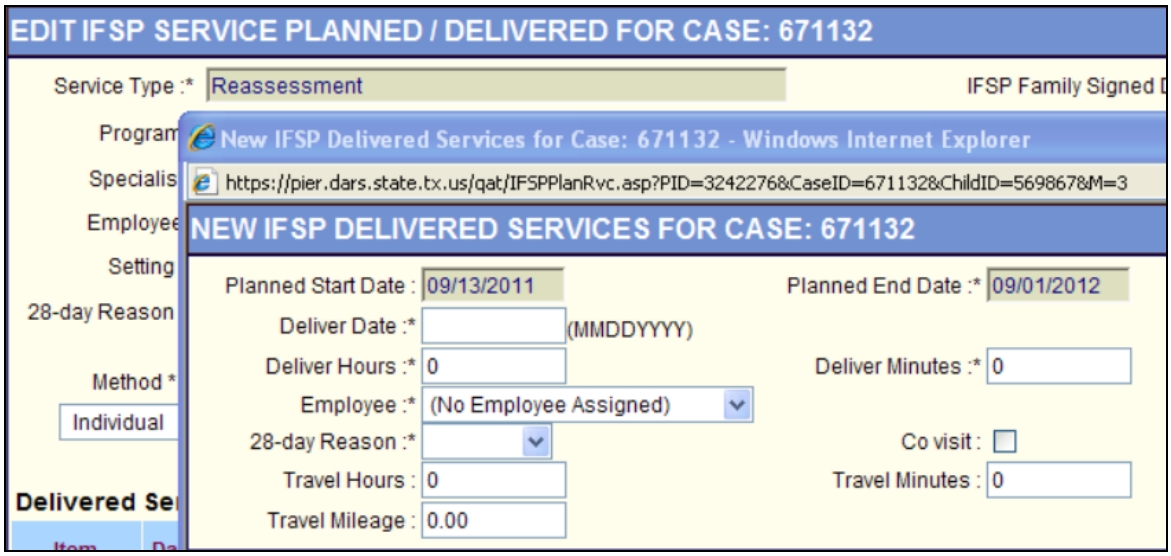
On the **Edit IFSP** page, click **Open** under **Option** for the corresponding planned service. This will open the **Edit IFSP Service Planned/Received** window.



New Delivered Services (link): Click this link to open the **New IFSP Received Services** window for that service.


New IFSP Delivered Services for Case: 613246 - Windows Internet Explorer
NEW IFSP DELIVERED SERVICES FOR CASE: 613246
Planned Start Date : 08/11/2011
Planned End Date :* 01/11/2012
Deliver Date :* (MMDDYYYY)
Deliver Hours :* 0
Deliver Minutes :* 0
Employee :* (No Employee Assigned)
Local Use :
28-day Reason :*
Travel Hours : 0
Travel Minutes : 0
Travel Mileage : 0.00
Save
Close

If the service type is Reassessment, then the window will also have a checkbox for Co-visit.



Planned Start Date and **Planned End Date**: These fields are automatically filled from the **Edit IFSP Service Planned/Delivered** window.

Deliver Date: Enter the date the service was delivered. This date can be earlier than the **Planned Start Date**, as long as it is on or after the **IFSP Sign Date.**

Deliver Hours and **Deliver Minutes**: Enter the number of hours and minutes of the delivered service.

> **Note:** Be sure to include the number of hours in the **Deliver Hours** field (up to 10 hours) and the number of minutes (0 to 59 minutes) in the **Deliver Minutes** field. Enter only whole numbers in these fields.

Employee: From the drop-down list, select the name of the employee who delivered the service.

Local Use: This is an optional field for programs to enter other information about this delivered service.

Co-Visit: Check this box if Reassessment was provided as a co-visit.

Travel Hours and **Travel Minutes**: Enter the travel time in hours and minutes using the appropriate fields. These fields are optional.

Travel Mileage: Enter the travel mileage for the delivered service. This field is optional.

28-Day Reason: This field is required for the first delivered service for each new service type added to an IFSP when the service is delivered more than 28 days after the corresponding IFSP signed date. The 28-Day Reason field will not be required when services, such as a scheduled evaluation, are appropriately planned to occur later than 28 days from the IFSP signed date based on the child and family's needs. This 28-Day Reason will be displayed on the Planned Service screen. The field for the 28-Day Reason will appear on the entry screen for all delivered services. If a reason is required, TKIDS will prompt the user to select a reason from the drop-down.

After entering all data, click **Save** to save the data.

Click **Close** to return to the IFSP page. Clicking **Close** without saving will result in unsaved data.

Deleting a Delivered Service

To delete a delivered service, on the **Edit IFSP Service Planned/Received** screen, click **Delete** under **Options** on the line of the corresponding delivered service to be deleted.

Required Data Fields Tables

IFSP

√ -- Required for Cases in this Disposition
R – Required Entry
RA – Required Where Applicable

		Referral	Eligibility Determination	Enrolled
IFSP Type	R			√
Assistive Technology	RA			√
Meeting Date	R			√
Family Signed Date	R			√
Reason for Delay	RA			√
Present at Meeting	R			√
Date Plan Reviewed	RA			√

Planned Services

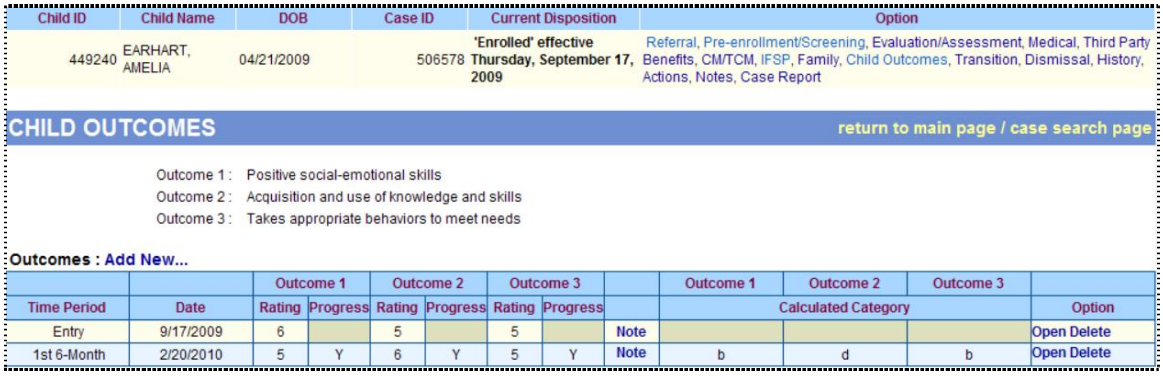
		Referral	Eligibility Determination	Enrolled
Service Type	R			√
Specialist (filter only)				
Parent Arranged	RA			√
Employee				
Expected Frequency	R			√
Setting	R			√
Method	R			√
Expected Intensity	R			√
Begin Date	R			√
End Date	R			√
Total Authorized Visits	R			√
Unit Rate				

Delivered Services

		Referral	Eligibility Determination	Enrolled
Delivered Date	R			√
Deliver Hours	R			√
Deliver Minutes	R			√
Employee	R			√
Travel Hours				
Travel Minutes				
Travel Mileage				

Child Outcomes

The **Child Outcomes** page provides fields in which Child Outcome Summary Form (COSF) ratings must be entered at entry, annual and exit. The progress data must be entered at annual and exit. Ratings may also be entered at complete periodic reviews but are not required at these intervals. This page is view-only until the case is in the Enrolled disposition. To enter a row of Child Outcomes data, click the ***Add New…*** link.



Child ID	Child Name	DOB	Case ID	Current Disposition	Option
449240	EARHART, AMELIA	04/21/2009	506578	'Enrolled' effective Thursday, September 17, 2009	Referral, Pre-enrollment/Screening, Evaluation/Assessment, Medical, Third Party Benefits, CM/TCM, IFSP, Family, Child Outcomes, Transition, Dismissal, History, Actions, Notes, Case Report

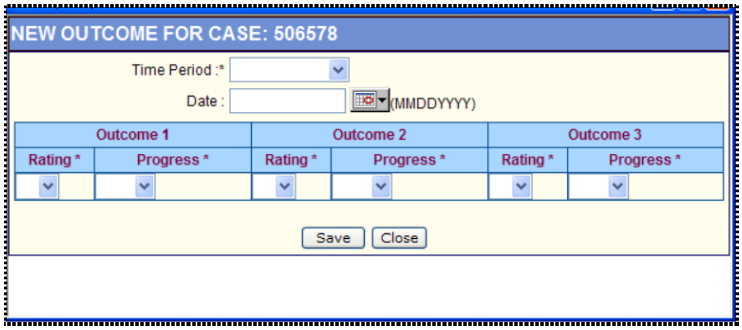
CHILD OUTCOMES — return to main page / case search page

Outcome 1 : Positive social-emotional skills
Outcome 2 : Acquisition and use of knowledge and skills
Outcome 3 : Takes appropriate behaviors to meet needs

Outcomes : Add New...

		Outcome 1		Outcome 2		Outcome 3			Outcome 1	Outcome 2	Outcome 3	
Time Period	Date	Rating	Progress	Rating	Progress	Rating	Progress		Calculated Category			Option
Entry	9/17/2009	6		5		5		Note				Open Delete
1st 6-Month	2/20/2010	5	Y	6	Y	5	Y	Note	b	d	b	Open Delete

The following entry screen will display:



NEW OUTCOME FOR CASE: 506578

Time Period :*
Date : (MMDDYYYY)

Outcome 1		Outcome 2		Outcome 3	
Rating *	Progress *	Rating *	Progress *	Rating *	Progress *

Save Close

Time Period: Select the appropriate option from the drop-down list. The Entry option will be the only option available for the first time period. The remaining options should be selected as appropriate.

Date: Enter the date that the rating was completed.

Rating: Select the rating from 1 to 7 from the drop-down list for each of the three Outcomes as shown on the COSF form.

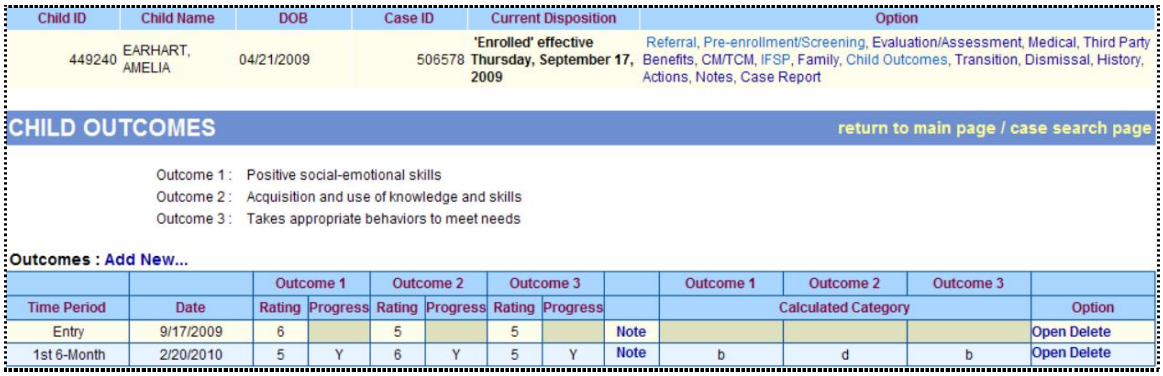
Progress: Select Y (yes) or N (no) from the drop-down list for each of the three Outcomes as shown on the COSF form.

After entering all data, click **Save** to save the data. If an Annual or Exit Rating is being entered and the combination of Rating and Progress are invalid, an error message will be displayed and the data will not be saved. If a 6-Month Rating is being entered

and the combination of Rating and Progress are invalid, the data will be saved with "impossible" in the Calculated Category

Click **Close** to return to the **Child Outcomes** page. Clicking **Close** without saving will result in unsaved data.

Once COSF ratings and progress information is entered, the **Calculated Category** is automatically generated for each of the three Outcomes. If the information is later edited, the **Calculated Category** data will re-calculate.



Child ID	Child Name	DOB	Case ID	Current Disposition	Option
449240	EARHART, AMELIA	04/21/2009	506578	'Enrolled' effective Thursday, September 17, 2009	Referral, Pre-enrollment/Screening, Evaluation/Assessment, Medical, Third Party Benefits, CM/TCM, IFSP, Family, Child Outcomes, Transition, Dismissal, History, Actions, Notes, Case Report

CHILD OUTCOMES — return to main page / case search page

Outcome 1 : Positive social-emotional skills
Outcome 2 : Acquisition and use of knowledge and skills
Outcome 3 : Takes appropriate behaviors to meet needs

Outcomes : Add New...

		Outcome 1		Outcome 2		Outcome 3			Outcome 1	Outcome 2	Outcome 3	
Time Period	Date	Rating	Progress	Rating	Progress	Rating	Progress		Calculated Category			Option
Entry	9/17/2009	6		5		5		Note				Open Delete
1st 6-Month	2/20/2010	5	Y	6	Y	5	Y	Note	b	d	b	Open Delete

If "impossible" appears for a **Calculated Category**, verify that the data entry is correct.

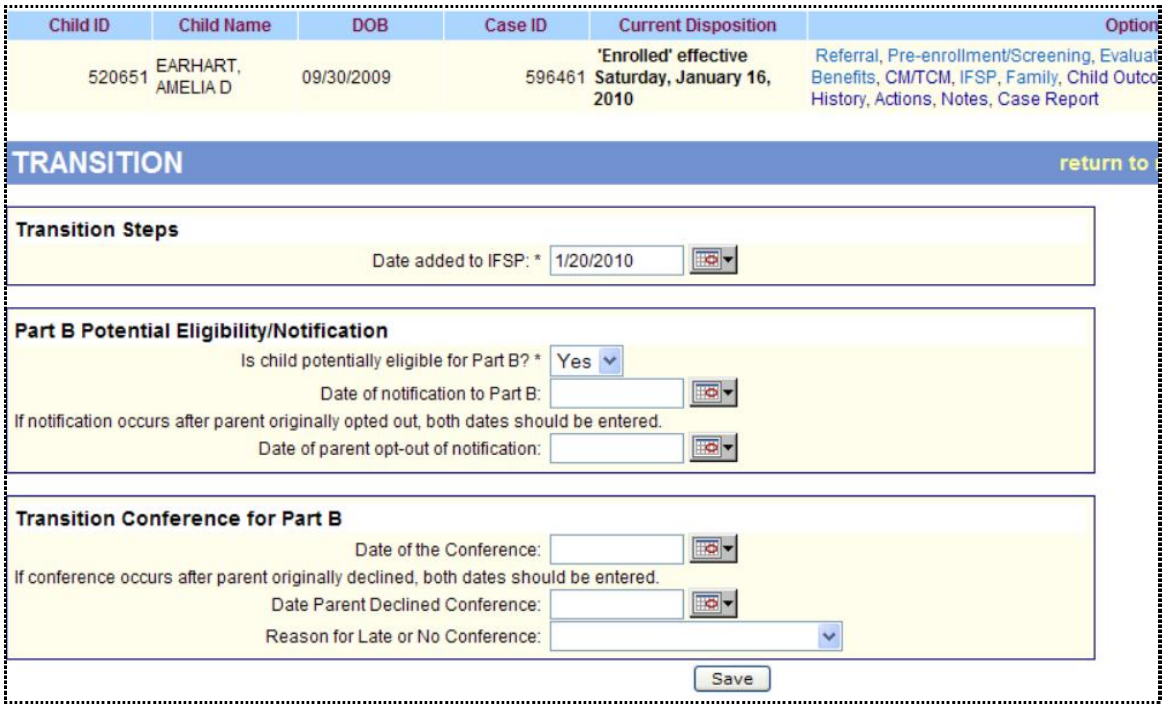
Required Data Fields Tables

√ -- Required for Cases in this Disposition
R – Required Entry
RA – Required Where Applicable

		Referral	Eligibility Determination	Enrolled
Time Period	R			√
Outcome 1 Rating	R			√
Outcome 1 Progress	R			√
Outcome 2 Rating	R			√
Outcome 2 Progress	R			√
Outcome 3 Rating	R			√
Outcome 3 Progress	R			√
Date				

Transition

The **Transition** page reflects information for children who leave ECI and transition to other programs/services.



Transition Steps

Date Added to IFSP: Enter the date that transition steps and services were first added to the IFSP.

> **Note:** Once transition steps are added, this date is not updated if the transition steps are revised at a later date.

Part B Potential Eligibility and Notification

Is child potentially eligible for Part B?: Enter "yes" or "no" to indicate whether the child is potentially eligible for Part B, as determined by the IFSP team.

For a child who is potentially eligible for Part B:
Date of notification to Part B: Enter the date the notification was made to Part B for a child who is potentially eligible for Part B.

If the parent opts out of the notification to Part B:
Date of parent opt-out of notification: Enter the date the parent decided to opt out of the notification.

> **Note:** If the family opts out of the notification and then changes their decision, leave the opt-out date as is and enter the date of the notification to Part B.

If all the IFSPs are deleted so that the child returns to eligibility determination disposition, then **Potentially Eligible** and the two date fields will be cleared.

Transition Conference for Part B

Date of the Conference: Enter the date the transition conference was held for a child transitioning to Part B services.

Date Parent Declined Conference: If the family declines the conference, enter the date the parent(s) declined the conference.

> **Note:** If the family initially declines the transition conference for Part B, and later changes their decision, leave the "declined" date as is and enter the date of the conference if it occurs at a later date.

Reason for Late or No Conference: If the transition conference did not occur at all, or did not occur on time, select the reason from the options in the drop down list:

- Enrollment later than 33 months
- Family
- ECI Program
- Part B Program
- Other

For an explanation of when to select each option, see Appendix A.

Required Data Fields Table

Case: Transition

√ -- Required for Cases in this Disposition
R – Required Entry
RA – Required Where Applicable

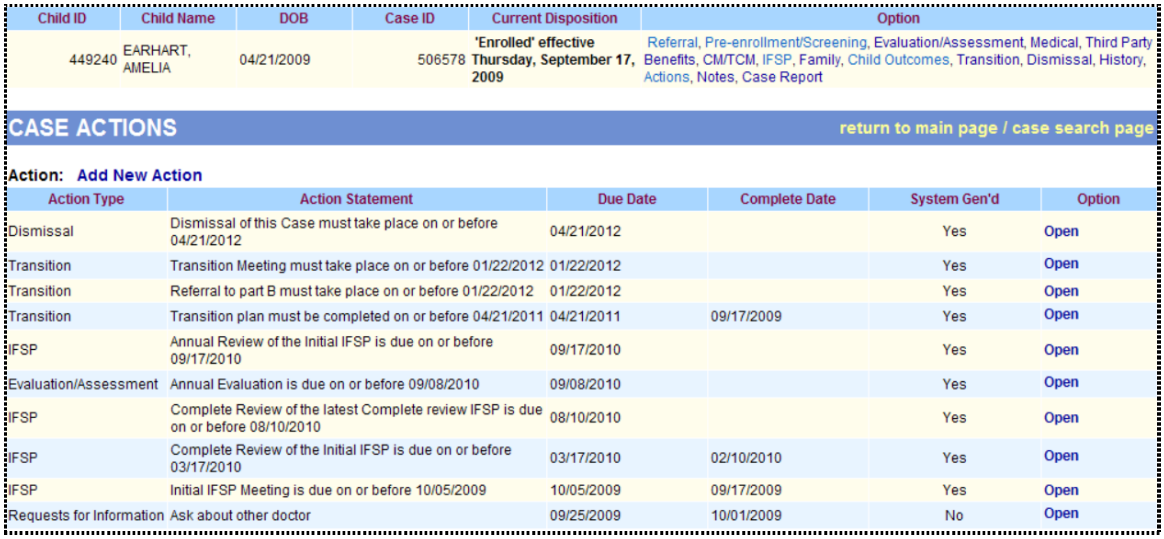
		Referral	Eligibility Determination	Enrolled
Date Added to IFSP	R			√
Potentially Eligible for Part B	R			√

Date of Notification	RA			√
Date of Opt-Out	RA			√
Date of Conference	RA			√
Date Parent Declined	RA			√
Reason for Late or No Conference	RA			√

Case Actions

Case actions are reminders of future events that are required to take place for the case. Case actions are either automatically generated by the system or created by the user. The completion date of a *system-generated* action will be automatically entered when the action is completed. The completion date of a *user-generated* action must be entered by the user.

The **Case Actions** page displays a list of all actions for the case.



Child ID	Child Name	DOB	Case ID	Current Disposition	Option
449240	EARHART, AMELIA	04/21/2009	506578	**'Enrolled' effective Thursday, September 17, 2009**	Referral, Pre-enrollment/Screening, Evaluation/Assessment, Medical, Third Party Benefits, CM/TCM, IFSP, Family, Child Outcomes, Transition, Dismissal, History, Actions, Notes, Case Report

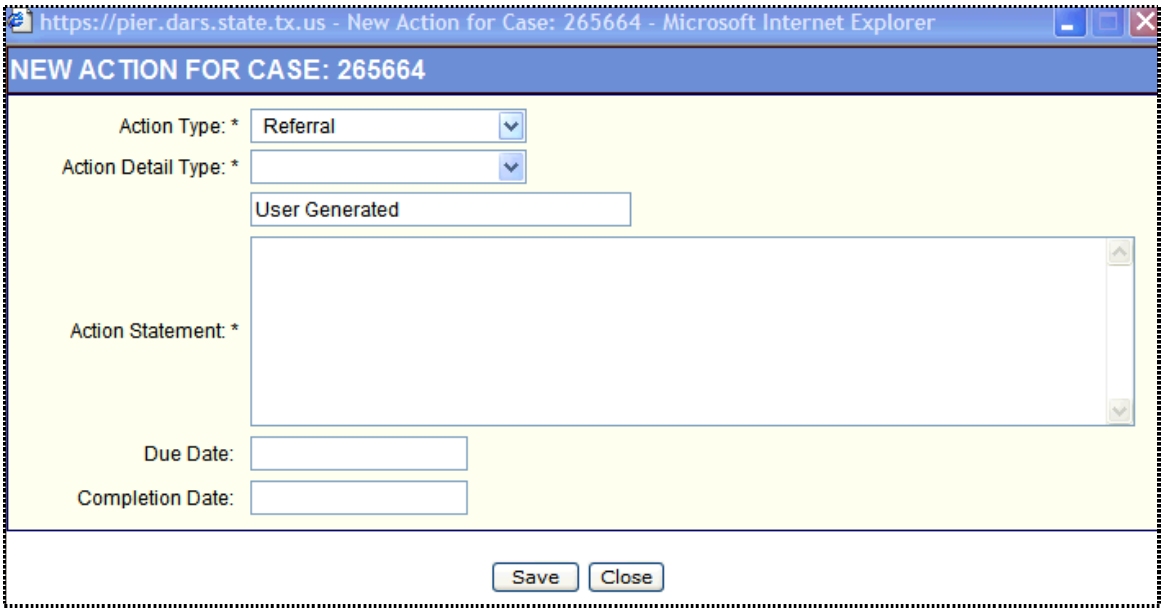
CASE ACTIONS return to main page / case search page

Action: Add New Action

Action Type	Action Statement	Due Date	Complete Date	System Gen'd	Option
Dismissal	Dismissal of this Case must take place on or before 04/21/2012	04/21/2012		Yes	Open
Transition	Transition Meeting must take place on or before 01/22/2012	01/22/2012		Yes	Open
Transition	Referral to part B must take place on or before 01/22/2012	01/22/2012		Yes	Open
Transition	Transition plan must be completed on or before 04/21/2011	04/21/2011	09/17/2009	Yes	Open
IFSP	Annual Review of the Initial IFSP is due on or before 09/17/2010	09/17/2010		Yes	Open
Evaluation/Assessment	Annual Evaluation is due on or before 09/08/2010	09/08/2010		Yes	Open
IFSP	Complete Review of the latest Complete review IFSP is due on or before 08/10/2010	08/10/2010		Yes	Open
IFSP	Complete Review of the Initial IFSP is due on or before 03/17/2010	03/17/2010	02/10/2010	Yes	Open
IFSP	Initial IFSP Meeting is due on or before 10/05/2009	10/05/2009	09/17/2009	Yes	Open
Requests for Information	Ask about other doctor	09/25/2009	10/01/2009	No	Open

Adding a User Generated Case Action to the List

Add New Action (link): Click this link to add a user-generated action. The **New Action** window opens, where information about the case action can be entered.



Action Type: Select the appropriate option from the drop-down list. Options for action type are listed in Appendix A – TKIDS Data Dictionary.

Action Detail Type: Select the appropriate option from the drop-down list to denote the specific type of action**.** Options for action type detail are listed in Appendix A – TKIDS Data Dictionary.

Action Statement: Enter a description of the needed case action.

Due Date: Enter the date by which the case action must be completed.

Completion Date: After the case action is completed, open the case action from the **Case Actions** page to enter the Completion Date.

Click **Save** to save the information.

Click **Close** to close the **Case Action** window and return to the **Case Actions** page. The new action will now be displayed on the case action list. Clicking **Close** without saving will result in unsaved data.

System Generated Actions

The actions listed in the table below are created by the system if the child will be less than three years old when the action is due.

When the user:	The Action Type created is:	Based on the Action Statement:
Creates a Case	Dismissal	Dismissal must occur by age three.
	IFSP	Initial IFSP is due 45 days after the referral date.
Enters the Initial Evaluation – if Elig Type is not DD-Qualitative	Evaluation	Annual evaluation is due one year after the initial evaluation.
Enters Eligibility Type of DD- Qualitative	Evaluation	Re-determination Qualitative Eligibility Evaluation is due 6 months after the eligibility date
Enters Re-determ Qual Elig Evaluation	Evaluation	Annual evaluation is due one year after the Re-determ Qual Elig evaluation.
Enters the Annual Evaluation	Evaluation	A second annual evaluation is due one year after the annual evaluation.
Enters the earliest IFSP	Transition	Transition Steps due by age two.
		Transition Conference is due 90 days before age three.
Enters Yes in **Potentially Eligible for Part B**	Transition	Transition Notification or Opt Out is due 90 days before age three.
Enters the Initial IFSP – if Elig Type is DD- Qualitative	IFSP	Annual review of the Initial IFSP is due six months after the Initial IFSP Signed Date.
Enters the Initial IFSP – if Elig Type is not DD-Qualitative	IFSP	Complete Review is due six months after the Initial IFSP Signed Date.
		Annual review of the Initial IFSP is due one year after the Initial IFSP Signed Date.
Enters a Complete Review	IFSP	Another Complete Review is due in six months if the next Annual review is due more than six months later.
Enters the Annual review of the IFSP	IFSP	A Complete Review IFSP is due six months after the Annual IFSP Signed Date.
		An Annual review is due one year after the signed date of the previous Annual review of the IFSP.

The system automatically enters the **Completion Date** when the action is completed by the user. If the data item completing the action is deleted or changed, in most instances the **Completion Date** in the action is also removed or changed.

The actions are **not** updated in these two instances:

- If the Date Of Birth is changed, the actions created when the case was created will not be updated. To correct the actions, you will need to do this:
    1. Correct the Date of Birth.
    2. Close the case with reason “Duplicate-Invalid Data Entry”.
    3. Create a new case using the same Child ID.
- When a case is closed all the actions are closed. If a case was closed in error and is reopened, all the actions will not be updated. To correct the actions, you will need to do one of these:
    1. Enter user generated actions for the actions that should be open, or
    2. Follow steps above.

Note: If an Initial IFSP was not created in the current case for the child (e.g., in a transfer), the IFSP Action based on the Action Statement “Initial IFSP is due 45 days after the referral date” will not have a Completion Date. Also, other IFSP Actions will not be created by the system until an Annual or Complete Review IFSP is entered. Other Actions may be manually entered if needed.

Required Data Fields Table

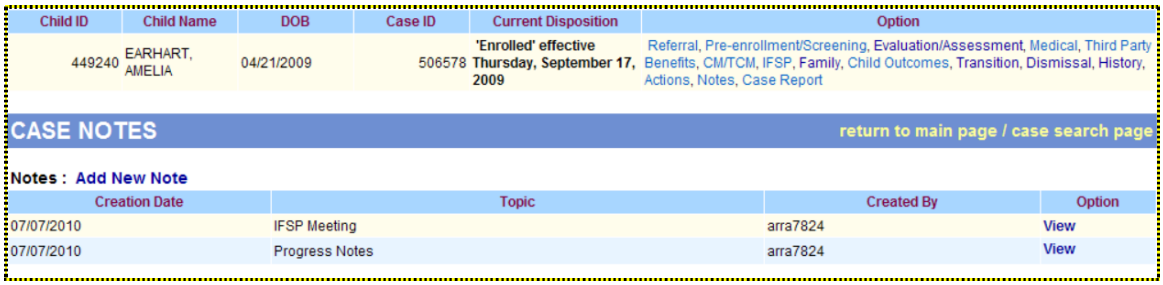
Case Actions

√ -- Required for Cases in this Disposition
R – Required Entry
RA – Required Where Applicable

		Referral	Eligibility Determination	Enrolled
Action Type				
Action Detail Type				
Action Statement				
Due Date				
Complete Date				

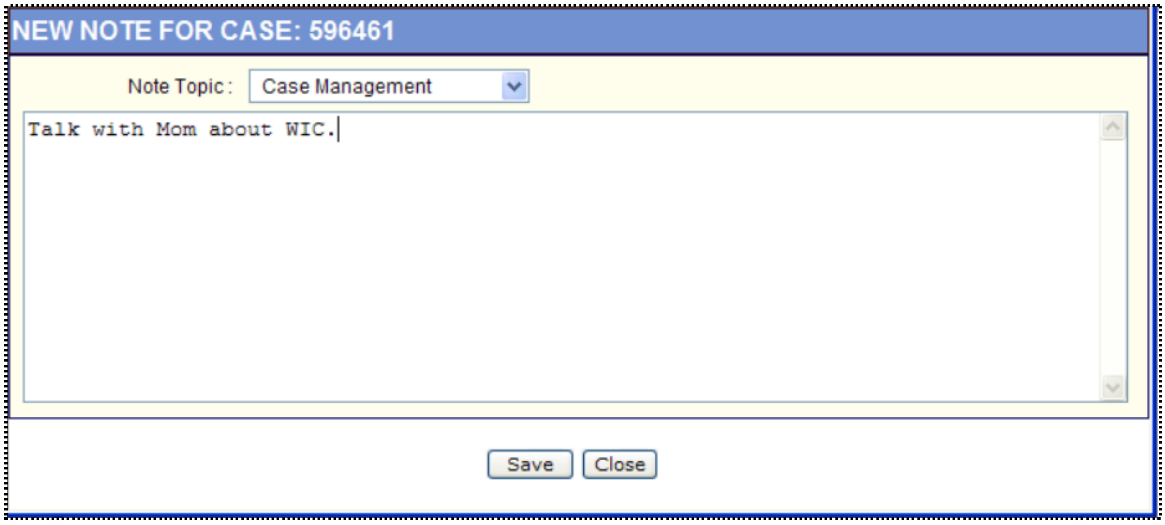
Notes

The **Notes** page allows the user to document notes regarding the child's case. The page displays a list of notes that have been created regarding the case and indicates the date, time, topic and author of the case note. DARS ECI does not require case notes to be entered into TKIDS. This function was created for use at the program level, if desired.



The following outlines the steps in creating a case note:

Add New Note (link): Click this link to open the **New Note** window to create a note for the case.



Note Topic: Select the topic of the note from the drop-down list. See Appendix A for a listing of the **Note Topic** choices.

Type the note in the text field.

Click **Save** to save the note. The date, time, topic and author of the case note will now be displayed in the window. The author listed in the "Created By" column is automatically filled in by the system, which will list the name of the user who is logged on during creation of the note.

A list of notes is generated as new notes are created. The notes appear in the order in which they were created.

Click **Close** to close the **New Note** window and return to the **Case Notes** page. Clicking **Close** without saving will result in unsaved data.

To view a previously created note, click **View** under **Option** next to the note you wish to see on the **Case Notes** page. Click **Close** to close the window after viewing.

Required Data Fields Table

Case: Notes

√ -- Required for Cases in this Disposition
R – Required Entry
RA – Required Where Applicable

		Referral	Eligibility Determination	Enrolled
Topic				
Note Statement				

Case Report

Click the ***Case Report*** hyperlink to view a printable summary of case information. To print the *Case Detail Report*, click the **Print** button. Click the ***Return to Child Referral*** hyperlink to return to the **Child Referral** page.

Previous Case Report

If the child had a previous case (with another program or the current program), the ***Previous Case Report*** option will appear. Click this option to display a printable summary of the information for the previous case. To print the report, click the **Print** button. Click the ***Return to Child Referral*** hyperlink to return to the **Child Referral** page.

Disposition Changes

Disposition changes can be generated either by the system or by the user. System disposition changes include moving a case from:

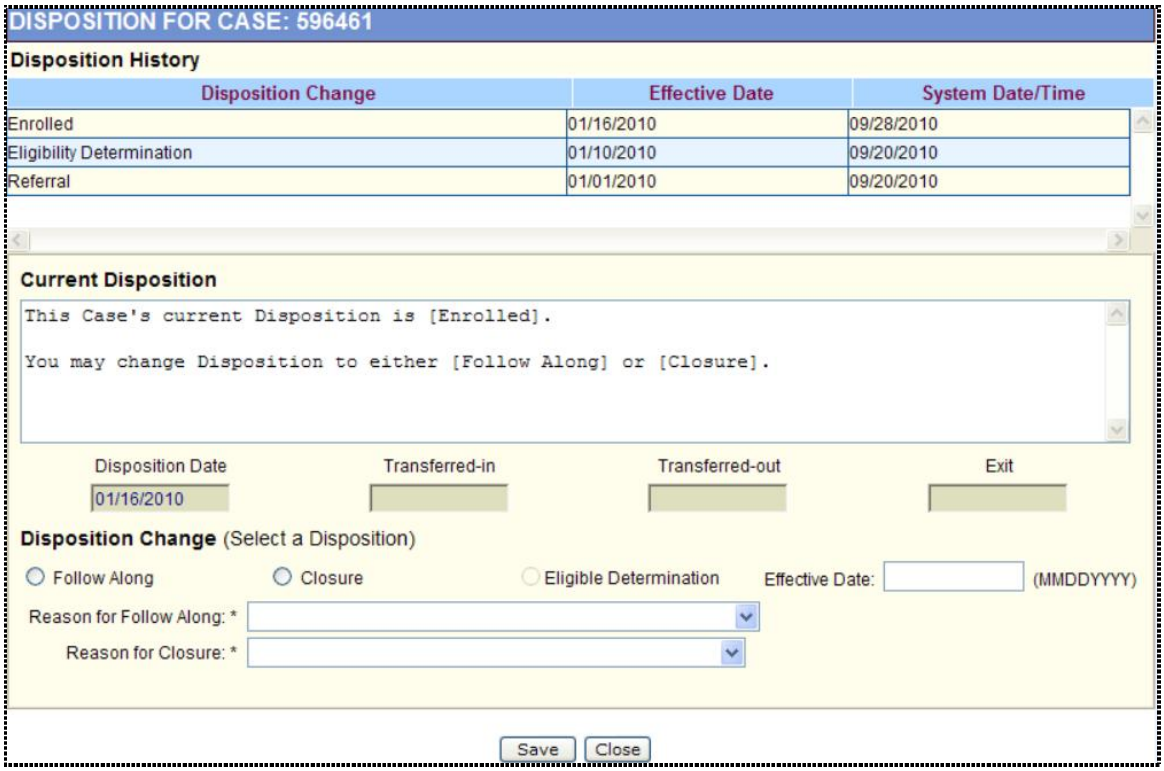
- Referral to Eligibility Determination
- Eligibility Determination to Enrollment

User-controlled disposition changes include moving a case from:

- Referral to Follow Along
- Eligibility Determination to Follow-Along
- Enrollment to Follow-Along
- Follow-Along to Eligibility Determination (for children who have never been enrolled)
- Any disposition to Closure

The **Disposition Changes** page is used to enter user-controlled disposition changes.

Disposition Change (link): Click this link from the Options list.



The child's disposition history, including the **Disposition**, **Effective Date** and **System Date/Time**, is displayed at the top of the **Disposition Change** page. The text field that follows identifies the child's current disposition and informs the user of the disposition changes that are allowed for the case.

Select a Disposition: Select the appropriate radio button to indicate the new disposition.

Effective Date: Enter the effective date of the disposition change. This cannot be later than the child's third birthday.

Reason for Follow-Along or **Reason for Closure:** Select the reason for the disposition change from the drop-down list. The lists will differ depending on the child's current disposition.

> **Note:** If a case was moved from Eligibility Determination disposition to Follow-Along and never enrolled, it can be moved back to Eligibility Determination.
>
> If a case was in the Enrolled disposition prior to moving into Follow-Along, the case cannot go back to the Enrolled disposition. A new case must be created (for the existing child).
>
> If a case was referred from Follow-Along in another program and the case was never in Eligibility Determination disposition, it can only be closed. A new case must be created (for the existing child).

To determine which reason is applicable to the child's case, consult the Data Dictionary in Appendix A for descriptions of reasons for disposition change. Based on the child's current disposition, only certain disposition changes can be made.

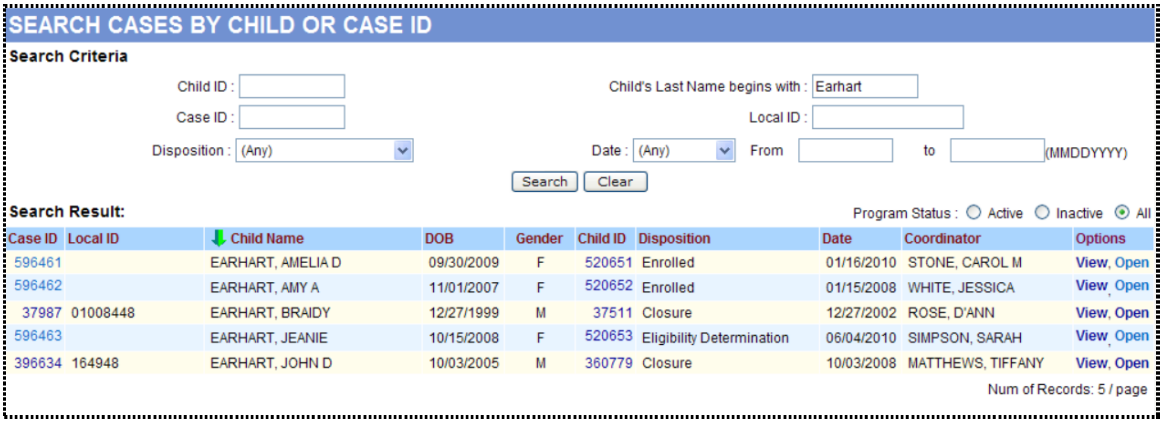
Click **Save** to save the selections.

> **NOTE:** After clicking **Save**, the following warning will appear if the disposition is being changed to Closure:
>
> *"Warning! Once closed, data cannot be added or modified for this case. Be certain that all information is complete before you click OK. If not certain, click Cancel and review data."*
>
> This is a reminder that the user will be unable to add or change any information in the case file after closing. It is important to review ALL of the case data for accuracy and completeness before closing the case.

Click **Close** to close the window and return to the previous page. Clicking **Close** without saving will result in unsaved data.

Viewing a Case after it is Closed

The user is able to view the contents of a child's case after it is closed through the **Case Search** page.


SEARCH CASES BY CHILD OR CASE ID
Search Criteria
Child ID :
Case ID :
Disposition : (Any)
Child's Last Name begins with : Earhart
Local ID :
Date : (Any) From to (MMDDYYYY)
Search Clear
Search Result:
Program Status : Active Inactive All
Case ID Local ID Child Name DOB Gender Child ID Disposition Date Coordinator Options
596461 EARHART, AMELIA D 09/30/2009 F 520651 Enrolled 01/16/2010 STONE, CAROL M View, Open
596462 EARHART, AMY A 11/01/2007 F 520652 Enrolled 01/15/2008 WHITE, JESSICA View, Open
37987 01008448 EARHART, BRAIDY 12/27/1999 M 37511 Closure 12/27/2002 ROSE, D'ANN View, Open
596463 EARHART, JEANIE 10/15/2008 F 520653 Eligibility Determination 06/04/2010 SIMPSON, SARAH View, Open
396634 164948 EARHART, JOHN D 10/03/2005 M 360779 Closure 10/03/2008 MATTHEWS, TIFFANY View, Open
Num of Records: 5 / page

1) Go to the **Case Search** page.

2) Enter the **Child ID**, **Case ID**, or **Child's Last Name** in the appropriate box.

3) Click the **Inactive** radio button. The **Inactive** or **All** option must be selected to list cases that have been closed.

4) Click **Search** to generate a list of cases that meet the search criteria.

5) Click **Open** for the case you wish to open. The information is read-only, and cannot be edited.

Required Data Fields Table

Case: Disposition Change

√ -- Required for Cases Moving from this Disposition
R – Required Entry
RA – Required Where Applicable

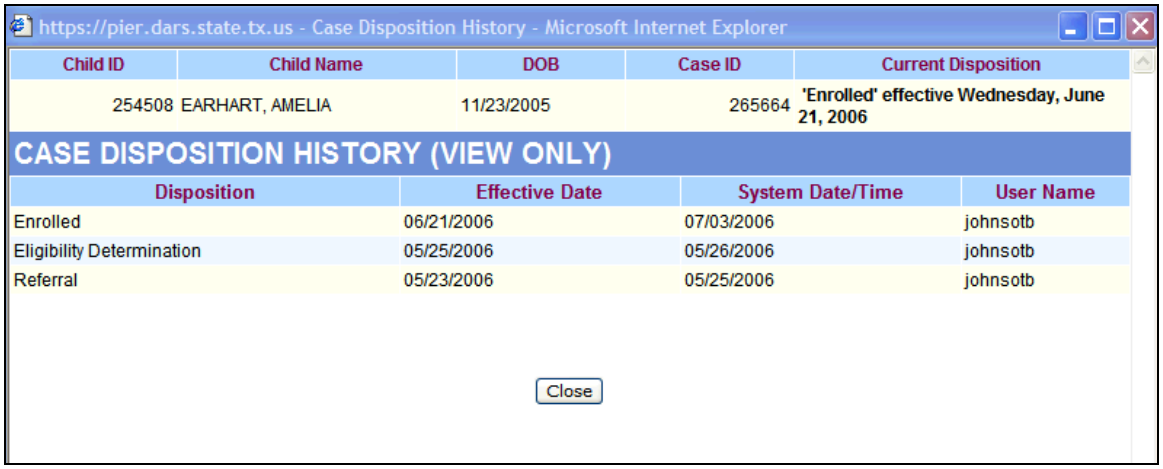
		Referral	Eligibility Determination	Enrolled	Follow Along
Select a Disposition	R	√	√	√	√
Effective Date	R	√	√	√	√
Reason	RA	√	√	√	√

History

The **History** page is view-only and simply displays the disposition history of the case.

The **Effective Date** is the date the child actually began each disposition. The effective dates are triggered by specific events, as denoted in the Disposition Change Diagram in Chapter 3.

The **System Date** is the date the information that triggered each disposition was entered into TKIDS, and the **User Name** indicates the name of the user that entered the information.



Instructions for Transfers

Transfers from Texas ECI Programs

Follow these procedures when an enrolled child transfers from one Texas ECI program to another.

1) The transferring program must enter a **Transferred-Out Date**. The **Transferred-Out Date** is either:

   a. The date that the family moved from the service area; or
   b. The date the program became aware that the family moved.

   Entering a **Transferred-Out Date** allows the receiving program to create a new case for the child. When data entry is complete for the transferring program, that case should be closed.

2) Once the receiving ECI program is notified of the transfer and has made contact with the family, a new case is created for the child using the *Create a New Case for an Existing Child* procedure. Searching by Child ID rather than Last Name to find the Child's record ensures that the Child ID remains the same but a new case number is assigned. It also transfers certain aspects of the child's case information to the new case, such as child demographic data.

   It is essential that the *Create a New Case for an Existing Child* procedure be used when creating a new case for a transferred child to prevent multiple child records for the same child.

3) The receiving program should indicate the **Referral Category** as **ECI Programs**, and the **Referral Source** as *Transferred from another ECI Program*. The **Referral Date** is the date the child was transferred out of the transferring program.

   The **Referral Category** and **Referral Source** should be documented in the manner described above even if the family makes the first direct contact with the receiving program.

4) The transferred-in date is the date the new program made contact with the family to initiate services. The transferred-in date must be entered ***after*** contact has been made with the family.

5) The date of the first face-to-face contact must be entered. For transferring cases only, the first face-to-face contact may be by telephone.

6) The new service coordinator must be selected.

7) The screening results, evaluation, eligibility, third party and child outcomes information must be entered from the Case Report from the transferring program.

8) The **IFSP Type, IFSP Meeting Date, Family Signed Date**, and planned services data indicated on the IFSP from the transferring program must be entered. (Do not enter delivered services from the transferring program.) *The **Family Signed Date** of the first IFSP entered sets the **Enrollment Date** in TKIDS.* This causes the **Enrollment Date** in TKIDS to display as an earlier date than the **Referral Date**.

   In reports, however, the **Transferred-In Date** is counted as the **Enrollment Date**. Therefore, an accurate **Transferred-In Date** is essential.

Transfers from Out-of-State ECI Programs

Certain data reported for a child transferred from an out-of-state ECI program will depend on the activities conducted by the receiving program after the family arrives at the program.

The following describes data entry procedures for children transferring from another state's Part C program and highlights differences in reporting by varying circumstances, where applicable:

1) The receiving program should indicate the **Referral Category** as *ECI Programs* and the **Referral Source** as *Transferred from an Out-of-State Part C Program.* The **Referral Date** is the date the child was referred to the receiving program. The **Referral Category** and **Referral Source** should be documented in the manner described above even if the family makes the first direct contact with the receiving program.

2) In cases where the receiving program conducts screenings, the results of the new screenings should be entered in the child's record.

   If no new screenings are performed because screening results are available from the previous program, enter the results of the screenings conducted by the transferring program.

3) The evaluation information should be obtained from the transferring program and entered.

   If a new evaluation is performed because of questions about the child's eligibility in Texas, that evaluation should be entered.

4) Enter the child's eligibility type as determined by the out-of-state program.

If the **Eligibility Type** is unknown, choose *Developmental Delay* and select an **Area of Developmental Delay** for the child. Once an evaluation has been conducted, the **Eligibility Type** must be updated if applicable.

5) Enter the **IFSP Type, IFSP Meeting Date, Family Signed Date**, and planned services data indicated on the IFSP from the transferring out-of-state program. (Do not enter delivered services from the transferring program.) *The **Family Signed Date** of the first IFSP entered sets the **Enrollment Date** in TKIDS.* This causes the **Enrollment Date** in TKIDS to show up as before the **Referral Date**.

   In reports, however, the **Transferred-In Date** is counted as the **Enrollment Date.** Therefore, an accurate **Transferred-In Date** is essential.

   Enter a revised IFSP once the change in the Service Coordinator has been made.

If a Current IFSP from the Transferring Program is Not Available

Enter the date of the new/revised IFSP. In this scenario, the **Enrollment Date** of the child is the revised IFSP Signed Date.

Chapter 5: Program and Employee

Only users with **Case Admin** security have access to the Program Administration and Employee Administration modules.

Employee Administration

Overview

Program and contractual staff are considered employees. There must be an employee record created in TKIDS for any employee who will deliver services or access TKIDS.

TKIDS accesses the employee information on various screens when child data is entered. These records populate the drop-down menus for employees that are service coordinators or provide direct services. If an employee is not entered in the database, that employee cannot be assigned to a child case.

A user record, created by DARS ECI staff, is required in order to provide the employee access to TKIDS to enter or view information. An employee record must exist before a user record is created. Local program staff with Case Admin security level will create employee records in TKIDS and assign those employees to their program.
The following information is required to create an employee record (denoted by an asterisk on the screen):

The following first four data elements are necessary to create the record:

- First and last name
- Last 4 digits of SSN
- Gender
- Race

The following data elements cannot be entered until the Case Admin user assigns the employee to the program:

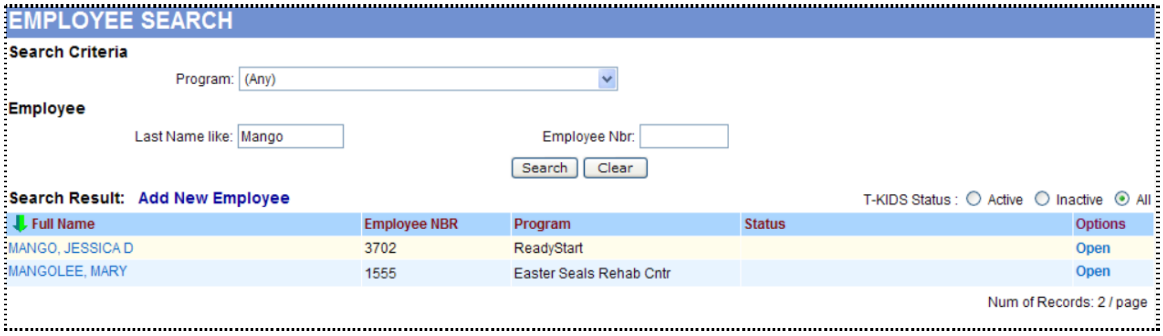
- Employee Type
- Hire Date
- Credentials

Employee Search

A new Employee record cannot be created until an Employee Search is first conducted.

1. From the TKIDS main page, go to the **Admin** menu and click on **Employee Administration**.

2. Use the **Employee Search** function to search for existing employee records. Select "Any" from the drop-down list for the **Program** field, and search by last name and/or employee number (last 4 digits of SSN).

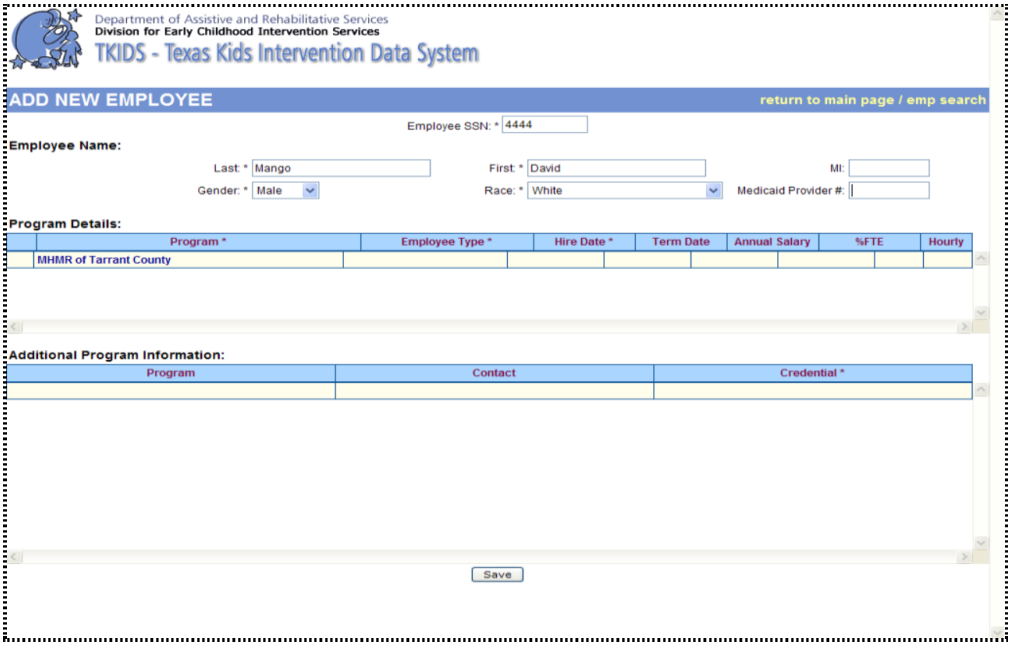


3. If an employee record already exists, open that record and view the information to make sure it is the correct employee. You will only be able to view (not edit) the general employee information. If you determine that this is the correct employee, follow the instructions in the Program Assignment section below.

4. If an existing record was not found for the employee, click the ***Add New Employee*** link (next to "Search Results") to create a new record.

Creating a New Employee Record

Enter the following required information for any employee, including a contract employee, in your program who will deliver services or access TKIDS.



Employee SSN: Enter the last four digits of the employee's Social Security Number.

Employee Name: Enter the employee's full name in the **Last**, **First**, and **MI** fields. Please include the middle initial where applicable to assist in differentiating employees with the same names.

Gender: Select the gender of the employee from the drop-down list.

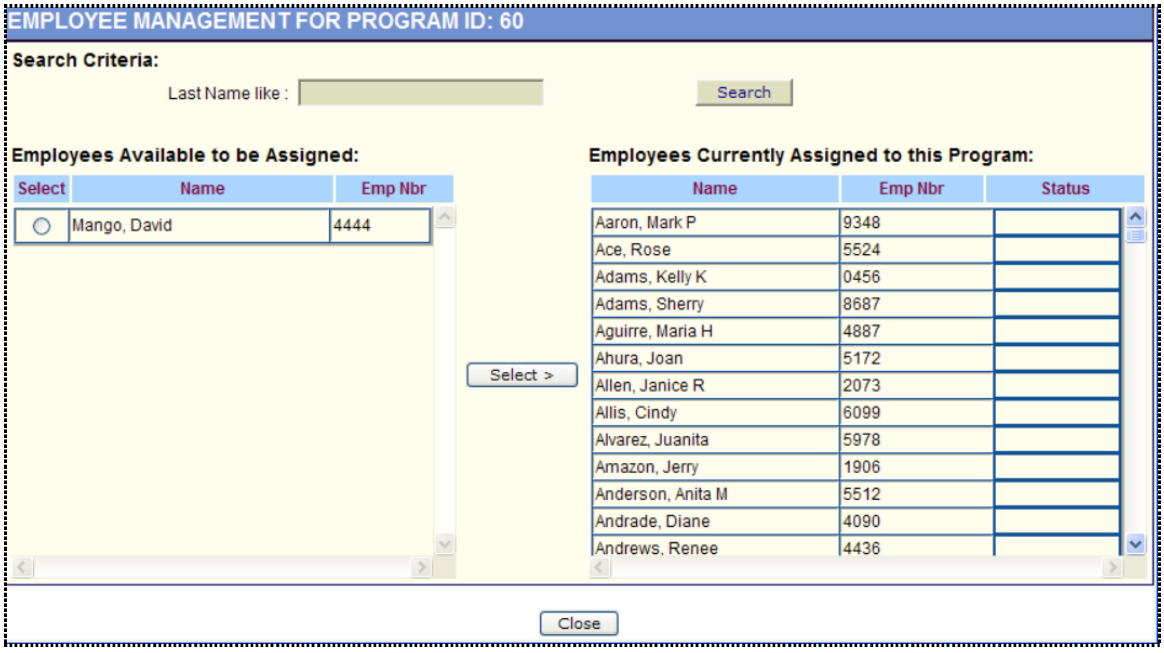
Race/Ethnicity: Select the race/ethnicity of the employee from the drop-down list. The categories for race/ethnicity may be found in Appendix A.

Click the **Save** button.

Program Assignment

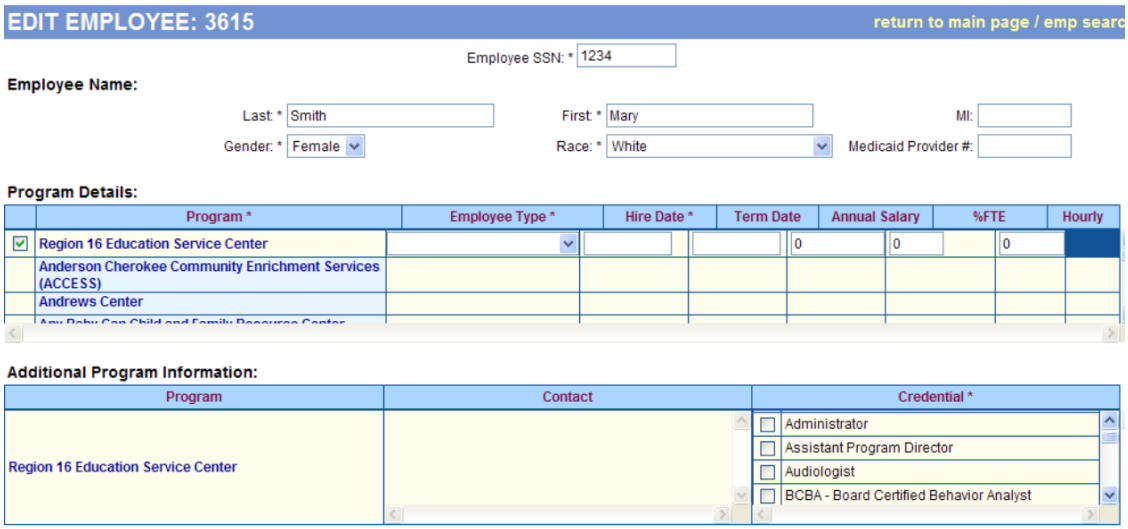
After creating a new employee record or opening an existing employee record through the search, click on the link to your ***program name*** to go to the **Program** page.

When you click on the link to your program name, you will be taken directly to a screen as shown below.



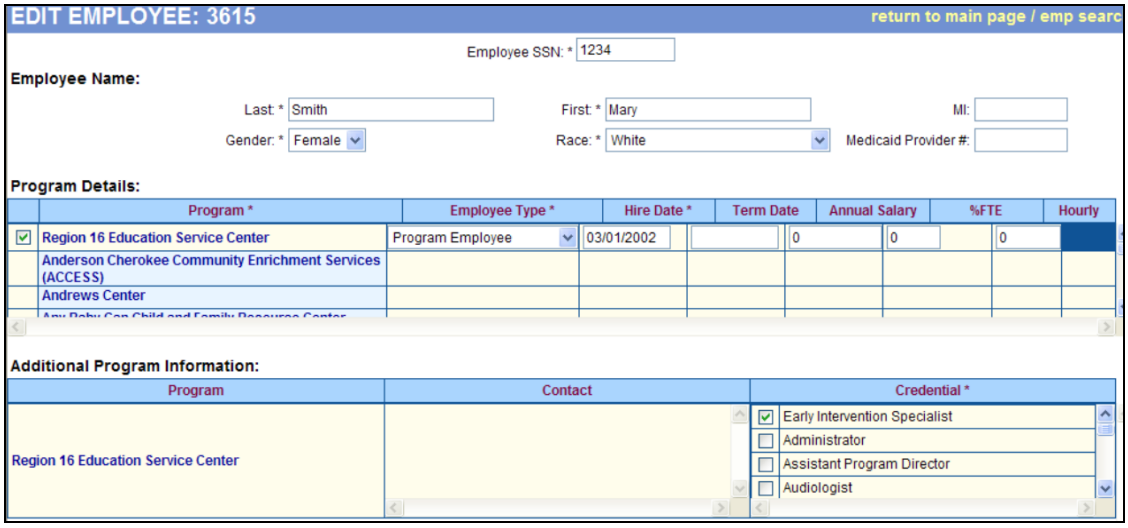
Click on the small radio button in the **Select** column to the left of the employee name, and then click the **Select >** button.

Click the **Close** button near the bottom of the page, and you will be returned to the Employee record (see below). A green check in the box next to the program name denotes that the employee has been assigned to that program.



Enter Additional Information

Once the employee has been assigned to your program, you will be able to enter the remaining information for that employee in the **Edit Employee** page.



The following fields are required in the Program Details section:

Employee Type: Select the employee type from the drop-down list. The choices are listed in Appendix A.

Hire Date: Enter the date the employee was hired by your program using the format MM/DD/YYYY.

Termination Date: Enter the date of termination no later than the date the employee leaves your program. If the employee had access to TKIDS, this will remove their access to your program's information.

The following fields are optional:

Salary: Enter the annual salary, if applicable.

Hourly Rate: Enter the hourly rate, if applicable.

% FTE: Enter the percentage FTE for the employee.

The following is required in the Additional Program Information section:

Program: This field is auto-filled.

Credentials: Select the credential(s) of the employee by checking all applicable boxes. At least one selection is required. Employees may have more than one type of credential. For example, a program director may also be a speech language pathologist; in this case, both credentials should be entered for the employee.

It is important to enter all credentials because TKIDS uses this information in the child case portion of the application to select employees for drop-down lists by credential/specialty areas. If an employee's credential changes, please update the credential in TKIDS.

The employee credential types are listed in Appendix A.

Users

"Users" in TKIDS are employees who will be viewing and/or entering information in TKIDS.

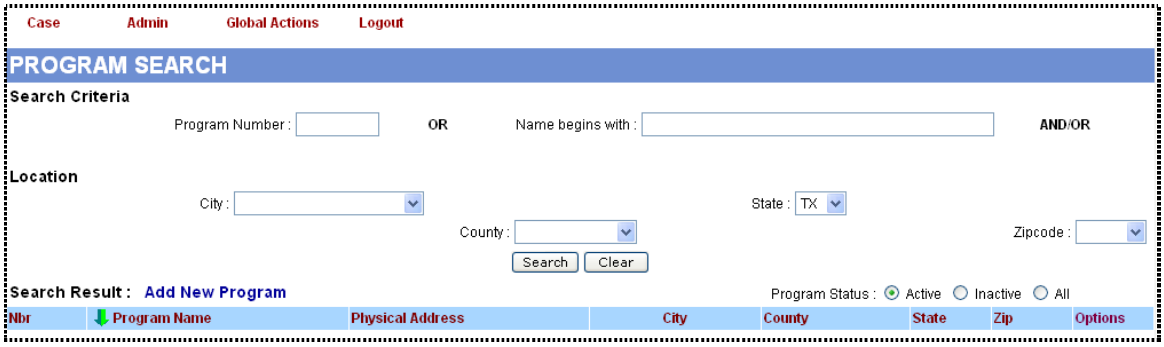
User access can only be given by DARS ECI. An employee record must first exist for the user. A security form, signed by the user and Program Director, must be submitted to DARS ECI before access will be given.

Program Administration

Only users with Case Admin security level have access to the Admin menu heading on the **TKIDS** main page. From the Admin menu, the user may select Program Administration. The **Program Administration** section displays various kinds of information about your program. It also provides a way for you to assign employees to your program.

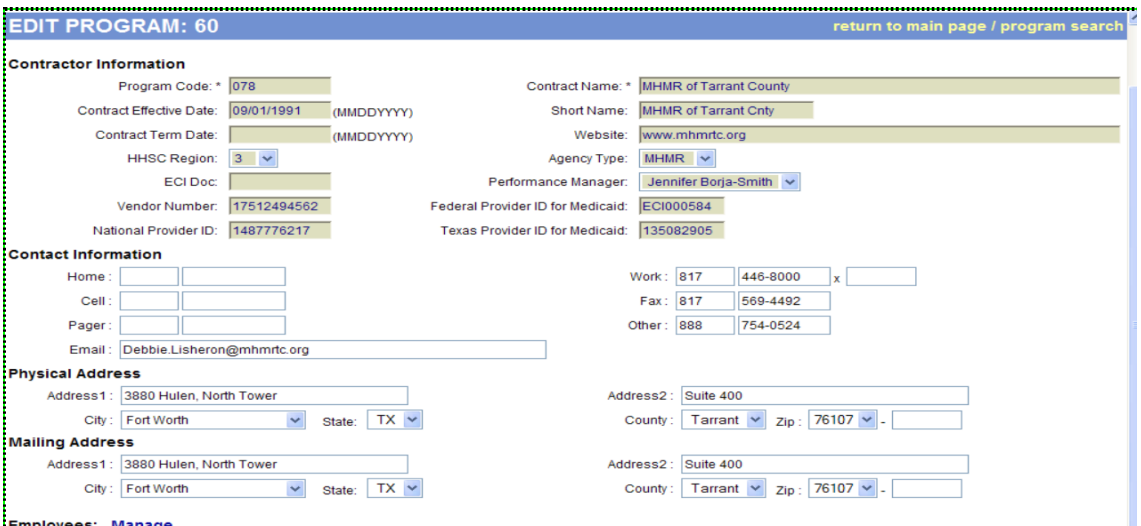
Program Search

Use the **Program Search** page to identify and open the record for your program.



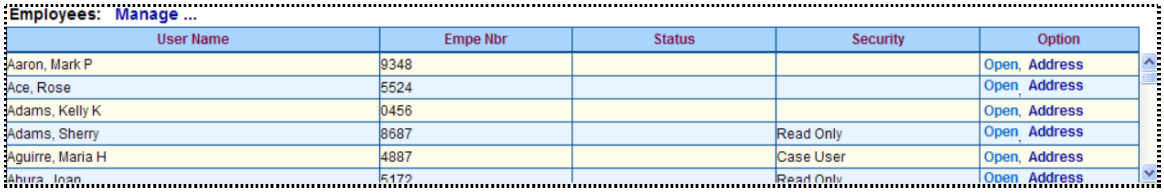
Program Information

Click **Open** to view the program record and/or to edit the information for your program, including **Contact Information**, **Physical Address** and **Mailing Address**.



Manage Employees

The **Employees: Manage** section provides a list of all active employees affiliated with your program. To the right are options to open the employee record (Open), and enter contact information for the employee (Address).



Program Assignment – through "Manage"

Information in the **Employee Administration** section provided directions on how to assign an employee to a program during the course of creating a new employee record. That option is simple and direct, and recommended.

An alternative method to assign employees to a program is through the ***Manage*** link in the **Program** section. If you use this method, make sure that the employee record you assign to your program is the correct person – because there may be employees with the same first and last name. Be sure to check the Employee Number, which consists of the last four digits of the Social Security Number. If there is any doubt, go to the Employee Administration section, search for the employee, and review other information.

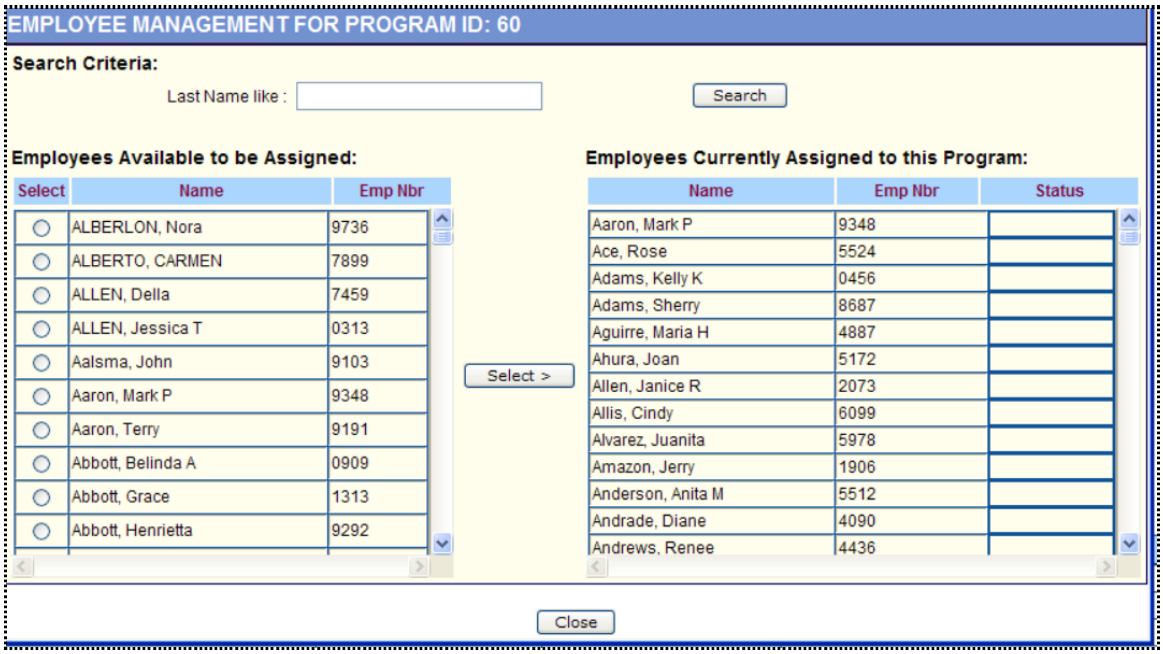
1. Click the ***Manage*** link to open a screen that looks like the one below.

2. On the left is a list of all existing employee records. Use the search function at the top, if necessary, to narrow the list.

3. To assign one or more employees to your program, click the **Select** radio button next to the employee's name.

4. Then click the **Select >** button in the middle of the page to assign them to your program.

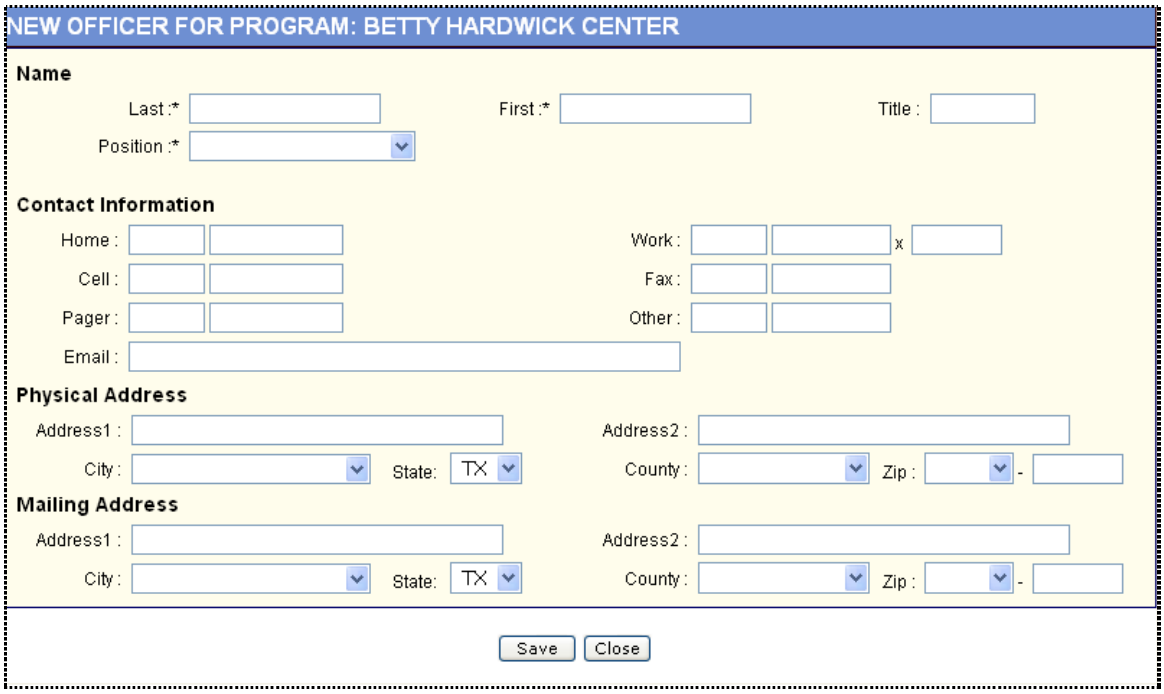
5. Click on the **Close** button to close the window. Program Officers



The **Program Officers** section is used to identify staff who hold administrative positions at your program; e.g., Program Director, Executive Director, Chief Financial Officer.

A record is required for the Program Director. Other officer records are optional.

Click the ***Add New*** link to create a new Program Officer record.



Required Data Fields Table

√ -- Who Enters
R – Required Entry
RA – Required Where Applicable

Program

		Entered by the Program	Entered by DARS ECI
Contractor Information	R		√
Contact Information		√	
Physical Address		√	
Mailing Address		√	
Employees		√	
Officers		√	

Employee Records

√ -- When Entered
R – Required Entry
RA – Required Where Applicable

		Upon Employment Begin Date	Upon Employment End Date
Employee ID	R	√	
Last	R	√	
First	R	√	
MI	RA	√	
Employee Type	R	√	
Gender	R	√	
Race	R	√	
Medicaid Provider #			
Salary Annual			
Salary Hourly			
%FTE	R	√	
Hire Date	R	√	
Term Date	R		√
Credential	R	√	
Address Type			
Address			
City			
County			
State			
Zip Code			
Phone Area Code			
Phone Number			
Fax Area Code			
Fax Number			
E-mail			

Chapter 6: Global Actions

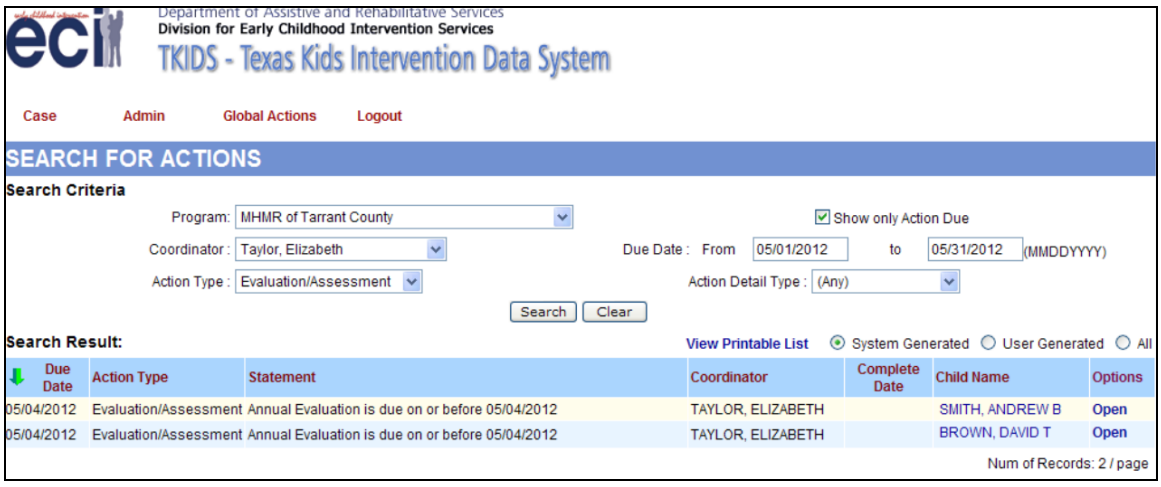
Global Actions are lists of future actions that need to take place for a group of cases. Actions for cases that are inactive (i.e., have an Exit Date or a Transferred-Out Date) are not included in the list. For cases in Follow-Along, the only actions that are included are “Dismissal must occur by age three”, and user-generated actions.

Action types are listed in the Data Dictionary in Appendix A.

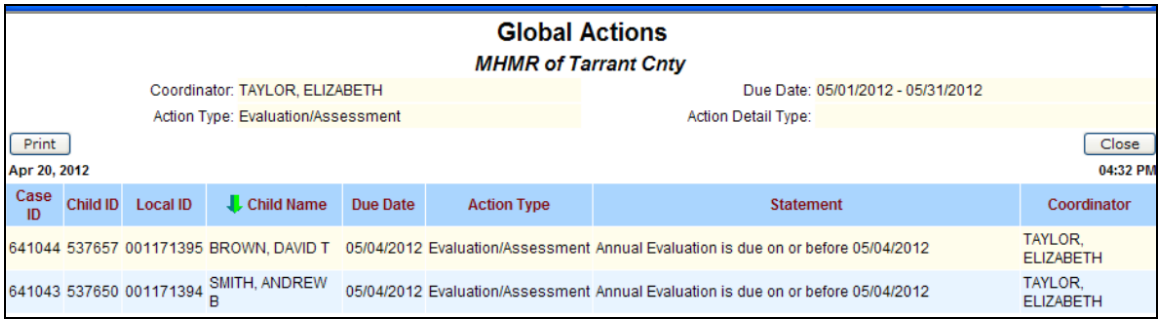
Users can search for actions by any combination of the following:

- Service Coordinator
- System-generated actions, User-generated actions, or both
- Due Date
- Action Type and Action Detail Type

For example, enter the Service Coordinator and a range of dates to produce a list of Actions that are due for that Service Coordinator within that range of dates.



Click the ***View Printable List*** hyperlink to see a printable version of this list.



Note that the list can still be sorted by any of the columns. Click the **Print** button to print the list, or the **Close** button to return to the **Search for Actions** page.

Chapter 7: Security

Introduction

DARS ECI recognizes the importance of protecting the confidentiality of all information provided by ECI clients and users of the application. This policy is meant as a guide for safeguarding confidential information.

Data stored in TKIDS includes private and sensitive information concerning both clients and employees. Protection of this data is essential, and requires the cooperation of all TKIDS users. All ECI employees, at the DARS ECI and local programs, have a responsibility for ensuring the security and privacy of this information.

This section of the manual provides an overview of the security of the TKIDS application. Following this overview are procedures that all TKIDS users must follow in order to ensure the security of the application and data.

Security Features

The TKIDS application and its network environment provide several different security features. Three features of security are: login control, which controls access to the application and the data; data access control, which limits what users can do to the data once they have gained access; and auditing, which tracks data changes by users.

Login Control

At the most basic level, login control involves requiring a userid (login) and password to access the application. Passwords should include a mix of alphabetic characters (upper and lower case), numeric characters and special characters. See Login Instructions in Chapter 2 for further information on password requirements. TKIDS requires that passwords be changed at least every 90 days.

Programs must enter a termination date for all terminated employees. The termination date for a terminated employee should be entered no later than the last day of employment.

Controlling Level of Data Access

The TKIDS application allows three different levels of security for program staff, which determine the extent of user access to data—Read-Only, Case User and Case Admin. See **User Authorization** in Chapter 2 for more information.

Program directors determine the security level for users at the program level. Program directors submit the request on a Security Agreement for access and the level of security to DARS ECI. Users only view and edit data for the program to which they are assigned.

Auditing User Actions

TKIDS provides an historical record of changes to the database. These changes are recorded in most instances when data is entered, updated or deleted. The user, date and time are also recorded.

Security Procedures Required of TKIDS Users

The first level of data security is to prevent unauthorized users from accessing the database. Adequate controls on data access start with the use of passwords and limiting the viewing of the data when an unattended computer is running the TKIDS application. The following policies and procedures have been developed in order to provide better security for TKIDS:

- Standards for password creation and use;
- Procedures for securing unattended computers;
- Procedures for handling terminated employees.

Password Creation and Use

Passwords are the first line of defense against unauthorized entry into the TKIDS application. However, passwords that are easily guessed provide no defense. See **Login Instructions** in Chapter 2 for password requirements.

Securing Unattended Computers

Unauthorized use of information can occur when the TKIDS application is open on an unattended computer. Programs should use one of the following methods to secure an unattended computer running the application:

- Log out of the TKIDS application.
- Set up a password-protected screen saver on your computer. Screen savers should be configured to start after no more than 15 minutes of inactivity. All versions of the Windows operating system have the capability to configure password-protected screen savers. This functionality is set within the Display section of the Control Panel settings.
- Lock your computer at the operating system level. In Windows machines, press CNTRL+ALT+DELETE and click "Lock Computer."

The importance of this kind of protection depends on a number of factors, including the location of the computer (e.g., whether it is in a secure area) and the length of time the computer is unattended.

Note also that the TKIDS application will timeout after 20 minutes of an inactive open session. After 20 minutes of no activity, the user will be directed back to the login page.

Handling Terminated Employees

Although organizations rarely expect an ex-employee to behave maliciously, a major source of unauthorized computer use is terminated employees. In order to prevent possible misuse by ex-employees, DARS ECI requires Program Directors or their designees to enter the termination date for all terminated employees no later than the date that employment ends. This includes all terminations, regardless of the circumstances. Also a security agreement form documenting the termination should be submitted to DARS ECI. See Security Agreement for a copy of the security form and instructions for completing and submitting the form. Access to the TKIDS database will be denied to these individuals, but they will still be listed in drop-down menus for entering services until 60 days after termination date.

Additional Safeguards

DARS ECI uses a number of additional precautions to protect our clients' and users' personal information and to store it securely. Access to all information, not just sensitive information, is restricted. Only a few employees who need the information to perform a specific job are granted access to personally identifiable information. The server on which information is stored is kept in a secure environment.

DARS ECI also ensures that any printed material containing confidential information is kept in locked cabinets and shredded after it is no longer needed.

DARS ECI employees understand the rights provided by the Family Educational Rights and Privacy Act of 1974 (FERPA) and understand their responsibility to protect confidential client information. All employees who have access to information collected about children and their families or users of the application sign a Security/Confidentiality Agreement. In signing this agreement, they agree to comply with all security and confidentiality provisions.

Chapter 8: Data Cleanup Procedures

Below are techniques you can use to identify cases which need attention. **You should run these monthly to ensure the accuracy of program data in TKIDS.**

Case Records

Active Cases for Children over Three

To find active cases for children over three years old, follow these steps in TKIDS:

1. Determine the latest date you want to search for, such as three years and two months ago.
2. Under Case, choose “Search by Program or Service Coordinator”.
3. Date: Select “Birth Date”.
4. Date range example: 01/01/1990 to 08/01/20__ (or the date you found in step 1).
5. Make sure Program Status is “Active”.
6. Click the **Search** button.

These cases need to be closed.

Inactive Cases for Children over Three

To find the inactive open cases for children over three years old, follow these steps in TKIDS:

1. Determine the latest date you want to search for, such as three years and two months ago.
2. Under Case, choose “Search by Program or Service Coordinator”.
3. Disposition select: “Enrolled”.
4. Date: Select “Birth Date”.
5. Date range example: 01/01/1990 to 08/01/20__ (or the date you used in step 1).
6. Change Program Status to “Inactive”.
7. Click the **Search** button.

These cases need to be closed.

Cases Still in Referral

To find cases still in Referral needing attention, follow these steps in TKIDS:

1. Determine the latest date you want to search for, such as the first of the previous month.
2. Under Case, choose “Search by Program or Service Coordinator”.
3. Select Disposition “Referral”.
4. Date: Select “Disposition Date”.
5. Date range example: 01/01/1990 to 08/01/20__ (or the date you found in step 1).
6. Make sure Program Status is “Active”.
7. Click the **Search** button.

For these cases, determine action needed.

Cases Still in Eligibility Determination

To find cases still in Eligibility Determination needing attention, follow these steps in TKIDS:

1. Determine the latest date you want to search for, such as the first of the previous month or two months ago (e.g., 08/01/2010).
2. Under Case, choose “Search by Program or Service Coordinator”.
3. Select Disposition “Eligibility Determination”.
4. Date: Select “Disposition Date”.
5. Date range example: 01/01/1990 to 08/01/2009 (or the date you found in step 1).
6. Make sure Program Status is “Active”.
7. Click the **Search** button.

For these cases, determine action needed.

Cases Still in Follow-Along

To find cases still in Follow-Along needing attention, follow these steps in TKIDS:

1. Determine the latest date you want to search for, such as the first of the previous month.
2. Under Case, choose “Search by Program or Service Coordinator”.
3. Select Disposition “Follow-Along”.
4. Date: Select “Disposition Date”.
5. Date range example: 01/01/1990 to 08/01/20__ (or the date you found in step 1).

6. Make sure Program Status is “Active”.
7. Click the **Search** button.

For these cases, determine action needed.

Employee Records

Terminated Employees

The following can only be done by users with Case Admin security. To view Active employees, follow these steps in TKIDS:

1. Under Admin, choose “Employee Administration”.
2. Select your program.
3. Select TKIDS Status of “Active”.
4. Click the **Search** button.
5. Scroll down and select “Next” to view each page.

If you see any employees who have terminated, follow the procedure described in Chapter 7, Handling Terminated Employees.

Appendix A - TKIDS Data Dictionary

Child/Case Create

Creates the Initial Case or New Case for a Child

R **Child ID**
This number is automatically created by the system when the child's initial record is created and uniquely identifies each child.

R **Case ID**
This number is automatically created by the system when the child's initial or subsequent record is created and uniquely identifies each episode in services for a child.

R **Last**
The last name of the child

R **First**
The first name of the child

RA **MI**
The middle initial of the child

R **Gender**
The gender of the child
Drop-Down Choices: Female, Male

R **Date of Birth (DOB)**
The date of birth of the child

R **Referral Date**
The date the child was referred to your ECI program

R **Program**
The name of your ECI program's agency

Referral

Additional detailed information regarding the child

Populated Fields from Case Create: Name, Gender, DOB, and Referral Date

Populated Field from Referral Detail: Contact
Calculated Fields: Age, Age at Referral

Local ID
A child identification number created and used at an ECI program to identify a child

Office ID
A number created and used at an ECI program to distinguish between different office locations or sites

RA **Ethnicity - Hispanic/Latino/Spanish** (check box)
Indicates if the ethnicity of the child is Hispanic/Latino – i.e. a person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race

R **Language**
The language most often spoken in the home of the child

Drop-Down Options: English, Spanish, Vietnamese, etc.

Interpreter Required (check box)
This box should be checked when an interpreter is required to communicate with the family of the child.
Options: Checked or Not Checked

RA **Race** (check box)
The race of the child

Check Box Options:

American Indian or Alaska Native
A person who maintains tribal affiliation or community attachment having origins in any of the original peoples of the Americas (including North, South, and Central America)

Asian
A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.

Black or African American
A person having origins in any of the Black racial groups of Africa

Native Hawaiian or Other Pacific Islander
A person having origins in any of the original peoples of the Hawaii, Guam, Samoa, or other Pacific Islands.

White
A person having origins in any of the original peoples of Europe, the Middle East, or North Africa

RA **SSN**
The nine-digit Social Security number of the child

R **School District**
The school district that the child would attend if the child were of school age
Drop-Down Options: All school districts in Texas

RA **Out of Service Area Address**
If you are serving a child outside of your service area (i.e., service area exception), enter this address.

RA **Transferred-In Date**
The date the child transferred in to your program from another ECI program, if previously enrolled (with IFSP) at that program; the date the new program has made contact with the family to initiate services

RA **Transferred-Out Date**
The date the child transferred out of your program, to another ECI program (used only if child was enrolled in comprehensive services)

RA **Exit Date**
The date the child exited from your program (used only if child was enrolled in comprehensive services)

RA **Reason for Closure**
The reason the child exited from your program, required if you enter an Exit Date or Transfer-Out Date

Reason for Follow Along
The reason the child was moved to Follow Along, displayed only for cases that have been moved to Follow Along

RA **CPS-Involved** (check box)
Indicates whether the child is involved with Child Protective Services (CPS) – that is, if the child was referred by CPS and/or the family is currently involved in an investigation, in substitute care or receiving family-based safety services. The intent of this item is to reflect the status of the child around the time of enrollment in ECI services.

Gestation Age
The gestational age in weeks on the child's day of birth
Example: 34 (weeks)

RA **Birth Weight**
The birth weight in pounds and ounces of the child
Example: 5 (lbs), 11 (oz)
Special Instructions: See Appendix C - Birth Weight Conversion to convert grams to pounds/ounces.

R **Referral Concerns**
The reported concerns at the time of referral of the child
Check all that apply.
- Adaptive/Self-Help
- Hearing
- Cognitive
- Global
- Medical
- Physical/Motor
- Social/Emotional
- Speech/Language
- Vision
- No Concerns

Referral Detail
Documents detailed information regarding the referral

Referral Information
Populated field from Case Create: Referral Date

Contact Name
The name of the person who directly made the initial contact with ECI about services
Example: Anna Garcia

Organization
The name of the organization of the person who made the initial contact with ECI
Example: South Austin Hospital

R **Category**
The broad grouping of the referral source

Drop-Down Options:
- **ECI Programs**
  Referrals or transfers from other ECI programs, either in-State or out-of- State.
- **Educational Services**
- **Follow Along Program**

Count all children referred from your or another program's Follow Along program. All children in your Follow Along program who are referred for an evaluation for comprehensive services must be counted here, regardless of who initiates the referral.

Medical/Health Services
Parent/Family/Friends
Social Services

R Source

The type of person or organization that directly made the initial contact with ECI

Category	Source
ECI Programs	Referred by a Texas ECI Program prior to enrollment in comprehensive services at that program
	Transferred from another Texas ECI Program, previously enrolled at that program
	Referred by an Out-of-State Part C Program
	Transferred from Out-of-State Part C Program, previously enrolled in another state's Part C Program
Educational Services	Child Care Center Early Head Start Head Start Preschool School School for the Deaf or Blind Service Center Other Educational Services
Follow-Along Program	Follow Along Program
Medical/Health Services	Children with Special Health Care Needs Program Clinic Hospital Nurse Physician Private Therapist SSI Texas Health Steps TEHDI (Texas Early Hearing Detection Intervention Program) Other Medical/Health Services
Parent/Family/Friends	Family Other Than Parent Foster Parent

	Friends
	Parents
Social Services	Child Protective Services
	Mental Health/Mental Retardation Program
	Religious Organization
	Social Worker
	Substance Abuse Program
	WIC
	Other Social Services

How Heard

How the referral source heard about ECI

Drop-Down Options:

Audiologist	Poster
Billboard/Busboard	Preschool Program
Brochure	Private Therapist
Child Care	Promotoras
Child Protective Services	Public Speaker
Children with Special Health Care Needs	Radio
Children's Health Insurance Program (CHIP)	Relative or Friend
Clinic	Religious Organization
Co-Worker	SSI
Community Event	School for the Deaf or Blind
DARS Division for Blind Services	School/LEA
ECI Care Line	TEHDI
Hospital	Telephone Book/Operator
Internet	Television
Mental Health/Mental Retardation Program	Texas Birth Defects Monitor
Other	Texas Education Agency
Other Health Provider	Texas Health Steps
Other Printed Media	Texas I & R Network
Physician/Primary Health Provider	Unknown

Contact Information

Fields that provide information on ways to contact the referrer, including phone numbers, fax numbers, pager numbers and email address.

Physical Address

Fields for the street address, city, county state and zip code of the physical address of the referrer

Mailing Address

Fields for the street address, city, county state and zip code of the mailing address of the referrer, if different from the physical address

Pre-enrollment/Screening

Documents service coordinators and screening results
Populated field:
Program – the name of your ECI program's agency
CPS-Involved

R **Date of First Face-to-Face Contact**
The date on which a service provider first meets in person with the family to begin the pre-enrollment process at your program

R **Initial Service Coordinator**
The name of the Initial Service Coordinator assigned to the child. Drop-Down Options: Includes all Employees in your program

R **Primary Service Coordinator**
The name of the Primary Service Coordinator assigned to the child – can be the same or different from Initial Service Coordinator. This person, if different from the Initial Service Coordinator, is typically assigned at the IFSP.
Drop-Down Options: Includes all Employees in your program

General Developmental Screening (check box)
Indicates whether a general developmental screening was administered to the child – this does not refer to the result of the screening.
Options: Checked or Not Checked

Screening

Screening Type
Type of screening administered to the child
Check Box Options: Four different types
- Assistive Technology
- Hearing
- Nutrition
- Vision

R **Result**
For each of the four screening types, the result of the screening
Drop-Down Options:
- Passed
- Failed
- Declined by Parent/Guardian
- Pending - Screening was conducted, but results are pending

Date
For each of the four screening types, the date the screening was completed.

Developmental Screening

Type
Type of developmental screening administered to the child
Check Box Options:
ASQ: Ages and Stages Questionnaire
ASQ-SE: Ages and Stages Questionnaire – Social/Emotional
IDI/CDI: Child Development Review (CDR)

RA Result
For each of the developmental screening types, the result of the screening.
Required for children involved with CPS who received a screening.
Options:
Passed
Failed
Declined by Parent/Guardian
Pending - Screening was conducted, but results are pending

RA Date
For each of the general developmental screening types, the date the screening was completed.
Required for children involved with CPS who received a screening.

Evaluation/Assessment

Documents evaluation/assessment and eligibility information

Use of the term “evaluation/assessment” is in recognition of the fact that some programs conduct evaluations and assessments together whereas others conduct them independently.

- If programs conduct evaluation for eligibility independently of assessment, report only information pertinent to the evaluation.
- For children who are eligible on the basis of a medical diagnosis, and thus, for whom an evaluation is not required, report the results of the assessment.

R Evaluation Category
The category of the evaluation
Drop-Down Options:
Initial
Annual
Re-determ Qual Elig
Other - Evaluations conducted in the interim, including discipline-specific evaluations

R Date
The date the evaluation was completed.

R Duration of the Evaluation

The amount of time it took to complete the evaluation. The duration should represent the length of the evaluation for the child, NOT the number of hours of staff time. For example, if multiple individuals conducted the evaluation, do not report duplicated hours by adding together staff time.

Drop-Down Options:

- 15 minutes
- 30 minutes
- 45 minutes
- 1 to 1 ¾ hours, in 15-minute increments
- 2 to 2 ¾ hours, in 15-minute increments
- 3, 4, 5, 6, 7 or 8 hours

R Evaluation Type

The type(s) of evaluation

Select all that apply.

Check Box Options:

- Comprehensive[3]
- Adaptive/Self-Help
- Assistive Technology
- Cognitive
- Fine Motor
- Gross Motor
- Hearing
- Nutrition
- Oral Motor
- Orientation and Mobility
- Social/Emotional
- Speech/Language
- Vision
- Other

R Discipline Involved in this Evaluation

Discipline(s) represented by the individual(s) who performed the evaluation.

Select all that apply.

- Audiology

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[2] Comprehensive = consideration of all areas of development, including, but not limited to:

- cognitive
- physical (including fine and gross motor, vision and hearing)
- communication (including receptive and expressive language and speech)
- social-emotional, and
- adaptive and self-help skills

Counseling
Early Intervention
    Intervention Specialists
Education
    Includes AI teachers, VI teachers and educational diagnosticians
Nursing
Nutrition
Occupational Therapy
Orientation and Mobility
Paraprofessional
Physical Therapy
Physician
Psychology
Social Work
Speech Therapy
Translator/Interpreter

Eligibility

R **Type**

The eligibility type that qualifies the child for ECI services, should be updated at the time of the annual evaluation.

Drop-Down Options:

Developmental Delay-BDI2
Developmental Delay-Qualitative
Hearing/Vision
Medical Diagnosis

Atypical Development may be displayed for children enrolled prior to 9/1/2011, but is no longer an option for newly enrolled children.

If the Eligibility Type is Atypical Development

R **Area of Atypical Development**

The area(s) of documented atypical development of the child

Select a drop-down option for each area that applies:

Cognitive
    Scattered skills
    Informed clinical opinion
    High Probability of Hearing Loss
Motor
    Movement
    Range of motion
    Sensory Processing
    Tone
Personal-Social

Poor state regulation (such as response to stimulation, withdrawal, anxiety, calming, and soothing)
Specific behavioral problems (including self injury, repetitive behaviors, tantrums)
Poor affect (problems with joint attention, social reciprocity)
Perseverative play
Speech/Oral Motor
Feeding/Oral Motor (drooling, reject specific textures)
Intelligibility of Speech
Stuttering
Perseverative speech

If the Eligibility Type is Developmental Delay-BDI2

R **Area of Developmental Delay-BDI2**

The domain(s) of documented developmental delay of the child as measured using the BDI2
Select all that apply.
Options:
Adaptive
Personal-Social
Communication
Expressive Communication Only
Gross Motor
Fine Motor
Cognitive

If the Eligibility Type is Hearing/Vision

R **Area of Hearing/Vision**

The domain(s) of documented Hearing/Vision delay of the child
Select all that apply.
Options:
Hearing - Auditory impairment as defined by TEA
Vision - Visual impairment as defined by TEA

If the Eligibility Type is Developmental Delay-Qualitative

R **Area of Developmental Delay-Qualitative**

The domain(s) of documented developmental delay of the child using qualitative criteria
Select all that apply.
Options:
Personal-Social
Gross Motor
Fine Motor

Communication: Intelligibility of Speech
Communication: Oral Motor/Feeding
< 3 months: Communication-Oral Motor
< 3 months: Motor

If the Eligibility Type is Medical Diagnosis

R **Qualifying Diagnosis-ICD-9**
The ICD-9 code for the diagnosis that qualified the child for ECI services
Drop-Down Options (Example): 758.0
Special Instructions: See Appendix D – Qualifying Diagnoses: Names and ICD-9 Codes for list by name and code.

R **Qualifying Diagnosis Description**
The name of the ICD-9 diagnosis that qualified the child for ECI services
Drop-Down Options (Example): Down Syndrome
Special Instructions: See Appendix D – Qualifying Diagnoses: Names and ICD-9 Codes for list by name and code.

R **Date**
The date the child was determined eligible for ECI comprehensive services.

Family

Documents general family information

For the purpose of the following two items, "family" includes the following persons who live in the same residence:

(a) The child;
(b) Those related to the child as a parent, step-parent or others who have a legal responsibility to support the child, or guardians/managing conservators who have a duty to provide food, shelter, education and medical care for the child;
(c) Other children of the parent, step-parent or spouse.

In families where two parents share custody of a child and live in separate residences, count the parent/family who declares the child as a dependent for income tax purposes.

R **Family Income**
The combined annual gross income for all family members as defined above.
Enter as a whole number; cannot exceed $999,999.

R **Family Size**

The number of family members living in the home with the child, including the child served by ECI

Displayed fields:
Name Relation Child Resides With Physical Address

Family Member(s)

Documents detailed individual family member information

R **Last**
The last name of the family member

R **First**
The first name of the family member

MI
The middle initial of the family member

R **Relation**
The relationship of the family member to the child
Drop-Down Options:
- Mother
- Father
- Brother
- Sister
- Grandmother
- Grandfather
- Aunt
- Uncle
- Step-Mother
- Step-Father
- Foster Mother
- Foster Father
- Guardian
- *Surrogate Parent
- Other

*Surrogate parent is an individual appointed or assigned to take the place of a parent when no parent can be identified or located, or when the child is under managing conservatorship of the State.

Gender
The gender of the family member
Drop-Down Options: Female, Male

DOB
The date of birth of the family member

R **Child Resides With This Person** (check box)
Indicates that the child lives with this family member
Options: Checked or Not Checked

Inactive/No longer associated (check box)
Indicates that this family member is no longer involved with this child
Options: Checked or Not Checked

For each family member, standard fields are available for:

Contact Information
Fields that provide information on ways to contact the family member, including phone numbers, fax numbers, pager numbers and email address.

Physical Address
Fields for the street address, city, county state and zip code of the physical address of the family member

Mailing Address
Fields for the street address, city, county state and zip code of the mailing address of the family member, if different from the physical address

The following fields are required for the primary caregiver with whom the child resides:

R **Contact Information**
Home Phone Number

R **Physical Address**
Address
City
State
County
Zip Code

RA **Mailing Address**
Only if different from physical address

Education
The highest level of education obtained by the family member

Drop-Down Options:
Associate Degree or Vocational/Technical Certificate
Bachelor's Degree
College, Did Not Graduate
Elementary Education (Grades 1-8)

High School (Grades 9-12), Did Not Graduate
High School Graduate or G.E.D.
Master's Degree or Higher
No Formal Schooling

Employment Status
The employment status of the family member Drop-Down options:

Full Time - Employed 35 hours or more per week
Not Employed - Not employed
Not in Labor Force - Not in the labor force, including student, homemaker, disabled, retired
Part Time - Employed less than 35 hours per week

Medical

Documents medical information

Child's Last Physical Date
The date of the last physical exam of the child

R **Immunization Status**
Indicates the immunization status of the child
Drop-Down Options:

Current
Not Current
Exempt

Child's Physician(s)

Physician Name
The name of the physician(s) who serve(s) the child
Example: Doe, Joe D.
Special Instructions: You may list multiple physicians

Physician Type
The type of Physician(s) who serve(s) the child

Drop-Down options:

Cardiologist - Specializes in heart disease
Neurologist - Specializes in nervous system disorders
Orthopedist - Specializes in skeletal, bone and joint problems
Other Specialist - Any other specialist not identified above
Otolaryngologist (ENT) - Specializes in matters related to ear, nose and throat

Pediatrician - Specializes in children's health
Primary Care Physician - A doctor responsible for the primary care of a patient, usually in general practice, family practice or internal medicine

Diagnoses (Qualifying & Non-Qualifying)
These diagnoses are those that qualify a child for services and/or all other pertinent diagnoses for the child, including diagnoses used for billing purposes.

RA ICD-9
The ICD-9 code(s) for all medical diagnoses for the child. Select all that apply.
Drop-Down Options (Example): 758.0
Special Instructions: See Appendix D – Qualifying Diagnoses: Names and ICD-9 Codes for list by name and code.

RA Description
The name of the ICD-9 medical diagnosis
Select all that apply.
Drop-Down Options (Example): Down Syndrome

Therapy Prescriptions

Specialty
The type of therapy prescribed for the child (as required by professional boards).
Check Box Options (auto-checked when start date is entered):
Nutrition
Occupational Therapy
Physical Therapy
Speech Therapy

Start Date
The date the therapy prescription starts

End Date
The date the therapy prescription ends

Third Party Benefits

Documents Medicaid, CHIP and private insurance information

Medicaid

RA Medicaid #
The Medicaid number of the child

RA **Start Date**
The effective start date of Medicaid enrollment of the child

RA **End Date**
The effective end date of Medicaid enrollment of the child

Medicaid Plan
The name of the Medicaid plan
Example: Baby Blue Inc.

RA **SSI**
Indicates whether the child receives Supplemental Security Income (SSI)
Drop-Down Options: Yes, No

Managed Care (check box)
Indicates whether the Medicaid plan is a managed care plan
Options: Checked or Not Checked

HMO Start Date
The effective start date of Medicaid enrollment in a particular HMO

HMO End Date
The effective end date of Medicaid enrollment in a particular HMO

CHIP

RA **CHIP #**
The CHIP number of the child

CHIP Plan
The name of the CHIP plan
Example: Americaid

RA **Start Date**
The effective date of the child's enrollment in CHIP

RA **End Date**
The effective end date of the child's enrollment in CHIP

Private or Other Insurance

R **Private Insurance**
Indicates if the family has private insurance, and has given ECI permission to bill
Drop-Down Options:

Private Insurance – Consent to Bill
Private Insurance – No Consent to Bill
No Private Insurance

Primary Carrier

Carrier
The name of the primary insurance carrier of the policy that covers the child

Insured
The name of the adult who holds the primary policy that covers the child

Group
The group number for the primary policy

Policy
The policy number for the primary policy

SSN
The Social Security Number of the person named as the insured on the primary policy

Secondary Carrier
Carrier, Group, Policy, Insured, and SSN fields for the secondary insurance carrier

Case Management and Targeted Case Management (CM/TCM)

Documents case management activities

Populated fields: all fields in the **Medicaid History** section

Case Management Summary

R **Service**
The kind of case management activity

Drop-Down Options:
Case Management
(TCM) Targeted Case Management – only applicable for children with Medicaid

R **Type**

The type of activity, in terms of whether it was before or after the child became enrolled

Drop-Down Options:
- Post-IFSP – provided after enrollment
- Pre-IFSP – provided prior to enrollment

Contact
The nature of the contact of the activity

Drop-Down Options:
- Development of CMCP
- Face-to-Face
- Telephone

R **Hour**
The length of time of the Case Management activity, in hours
Options: Hours, in whole numbers

R **Minute**
The length of time of the Case Management activity, in minutes
Drop-Down Options: 0, 15, 30 or 45 minutes

R **Month**
The month in which the Case Management activity occurred

R **Year**
The year in which the Case Management activity occurred

IFSP

Documents Individualized Family Service Plan (IFSP) information

Displayed fields:

IFSP Type
The type of Individualized Family Service Plan (IFSP)

Meeting Date
The date of the IFSP meeting

Family Signed Date
The date the parent(s) (or guardian) signed the IFSP

IFSP Detail
Documents detailed IFSP information

R **IFSP Type**
The type of IFSP

Drop-Down Options:

Initial
The first IFSP developed for the child/family

Complete Review – No Change
This IFSP Type is to be used only when there are no changes to the IFSP Services Page. Enter the IFSP review date in the Meeting Date and Family Signed Date fields. Continue to enter delivered services in the previous IFSP.

Complete Review – Revision
The IFSP review conducted every six months (at a minimum) to fully review a prior IFSP, with changes to the prior IFSP

Annual
The IFSP developed 12 months after the initial IFSP

Partial Review
An IFSP developed to accommodate changes made to the previous IFSP

Interim
An IFSP developed before an evaluation/assessment is completed for a child who has obvious immediate needs. An evaluation, assessment and initial IFSP must still be done.

Continuation
Used to extend an IFSP for 60-days in limited circumstances when it is not possible to convene a meeting with the family before the current IFSP ends.

RA **Assistive Technology** (check box)
Indicates whether Assistive Technology was used as a strategy for one or more of the planned services on the IFSP
Choices: Checked or Not Checked

R **Meeting Date**
The date of the IFSP meeting

R **Family Signed Date**
The date the Parent/Guardian signed the IFSP

RA Reason for Delay

The reason the initial IFSP meeting was not held within 45 days of referral

Drop-Down Options:

Family – This includes reasons that are *influenced* by the family, including such incidents as a child or family illness, hospitalization of the child or another family member, other family emergencies, no shows, family cancellations, inability to contact the family for an extended period, etc. An inability to contact the family should be supported by progress notes documenting repeated efforts to contact.

Program – This includes almost all reasons that are not *influenced* by the family, including staff shortages, staff illnesses, car problems, etc.

Follow-Along – Use this reason if the child was in follow-along services before enrollment.

Other – This option should be used rarely and only in circumstances that are beyond the control of the program or the family. Examples include natural disasters or extreme weather-related conditions. .

Note: Use of the "Other" category may result in follow up by DARS ECI.

R Specialists (Present at Meeting)

Check this box for the disciplines of all team members who attended the IFSP meeting.

Check Box Options:

Dietitian (LD)
Early Intervention Specialist
Education - includes Educational diagnosticians. See below for AI and VI teachers.
Licensed Audiologist
Licensed Marriage and Family Therapist (LMFT)
Licensed Physician Assistant
Licensed Professional Counselor (LPC)
Licensed Psychologist

Licensed Specialist in School Psychology (LSSP)
Nursing (RN)
OT – Occupational Therapist
OTA – Occupational Therapy Assistant
Orientation and Mobility
Other Counseling
PT – Physical Therapist
PTA - Physical Therapy Assistant
Paraprofessional

Physician
Program Administrator
Psychological Associate
SLP – Speech Language Pathologist
SLPA - Assistant in Speech Pathology
Social Work – LBSW or LMSW
Social Work - LCSW
Teacher of the Auditorily Impaired - AI Teacher
Teacher of the Visually Impaired - VI Teacher
Translator/Interpreter

RA **Date Plan Reviewed**
For the specialists who did not attend the IFSP meeting, the date that the specialist reviewed and signed the IFSP

Displayed fields:
Service Type - The type of service planned on the IFSP.

Frequency – how often this service is planned.

Begin Date - The projected date the planned service type is to begin.

End Date - The projected date the planned service type is to end.

Planned Services

Documents detailed information about planned services

R **Service Type**
The type of service on the IFSP

Drop-Down Options:

Assistive Technology

A service that directly assists a child with a disability in the selection, acquisition or use of an assistive technology device. "Assistive technology services include--

(a) The evaluation of the needs of a child with a disability, including a functional evaluation of the child in the child's customary environment;

(b) Purchasing, leasing, or otherwise providing for the acquisition of assistive technology devices by children with disabilities;

(c) Selecting, designing, fitting, customizing, adapting, applying, maintaining, repairing, or replacing assistive technology devices;

(d) Coordinating and using other therapies, interventions, or services with assistive technology devices, such as those associated with existing education and rehabilitation plans and programs;

(e) Training or technical assistance for a child with disabilities, or, if appropriate, that child's family; and

(f) Training or technical assistance for professionals (including individuals providing early intervention services) or other individuals who provide services to or are otherwise substantially involved in the major life functions of a child with disabilities."

Assistive technology device means any item, piece of equipment, or product system, whether acquired commercially off the shelf, modified, or customized, that is used to increase, maintain, or improve functional capabilities of children with disabilities.

Audiology Services

Services include:

(a) Identification of children with auditory impairment, using at risk criteria and appropriate audiologic screening techniques;

(b) Determination of the range, nature, and degree of hearing loss and communication functions, by use of audiological evaluation procedures;

(c) Referral for medical and other services necessary for the habilitation or rehabilitation of children with auditory impairment;

(d) Provision of auditory training, aural rehabilitation, speech reading and listening device orientation and training, and other services;

(e) Provision of services for prevention of hearing loss; and

(f) Determination of the child's need for individual amplification, including selecting, fitting, and dispensing appropriate listening and vibrotactile devices, and evaluating the effectiveness of those devices.

Behavioral Intervention

A generic term for intervention services designed to strengthen developmental skills and decrease severely challenging behaviors. Such interventions identify the specific behaviors to change, identify environmental events that may

currently be supporting or failing to support those behaviors, and then arrange antecedents and consequences in ways that help achieve the desired behavior change. Behavioral Service may include early intervention activities delivered by traditional ECI providers (EIS, PT, OT, SLP, psychological associate, or social worker). Specific behavior analysis plans may be carried out by persons without professional credentials when designated by the family.

Counseling

Services include:

(a) Conducting evaluation and assessment of the family strengths and stressors related to the child's disabilities;

(b) Providing services, consultation and collaboration with family members, teachers, caregivers, and other IFSP team members to promote function, learning, and development across all domains, with an emphasis on the parent-child relationship as related to the IFSP services and strategies;

(c) Assisting the family in achieving adjustments and decreasing stresses related to their child's delay or disability;

(d) Providing consultation with other IFSP team members regarding social and emotional development; and

(e) Assisting the family in solving problems and making decisions related to the child's delay or disability.

Family Education and Training

In addition to the definition in 34 CFR §303.12, family education and training means parent focused training provided by ECI contractors or accessed through other community services that are delivered as a sequenced and planned method to:

(a) Address a specific need;
(b) Focus on topics that are not related to identified developmental needs; and
(c) Increase the knowledge of the family related to their child's special needs (i.e., Love and Logic, CPS Safety Training, Parents as Teachers, and Infant Massage).

Health Services

Health services are services provided by appropriately trained staff necessary to enable a child to benefit from the other early intervention services during the time that the child is receiving the other early intervention services.

(a) The term includes--
(1) Such services as clean intermittent catheterization, tracheostomy care, tube feeding, the changing of dressings or colostomy collection bags, and other health services; and

(2) Consultation by physicians with other service providers concerning the special health care needs of *eligible* children that will need to be addressed in the course of providing other early intervention services.

(b) The term does not include the following:
(1) Services that are--

(i) Surgical in nature (such as cleft palate surgery, surgery for club foot, or the shunting of hydrocephalus); or

(ii) Purely medical in nature (such as hospitalization for management of congenital heart ailments, or the prescribing of medicine or drugs for any purpose).

(2) Devices necessary to control or treat a medical condition.

(3) Medical-health services (such as immunizations and regular 'well-baby' care) that are routinely recommended for all children.

Medical Services

Services provided by a licensed physician to determine a child's developmental status and need for early intervention services which are for diagnostic or evaluation purposed only.

Nursing Services

Nursing services include:
(a) collaborating with other medical providers outside of the ECI system to gather and provide information regarding the healthcare of an enrolled child;
(b) coordinating ECI services as related to special healthcare needs; and
(c) providing services, consultation and collaboration with family members, teachers, caregivers, and other IFSP team members to promote function, learning and development across all domains, with an emphasis on the special health care needs of the child as related to the IFSP services and strategies.

Nutrition

Nutrition services include:
(a) Conducting individual assessments in--

(1) Nutritional history and dietary intake;

(2) Body measurements, biochemical, and clinical variables;

(3) Feeding skills and feeding problems; and

(4) Food habits and food preferences;

(b) Developing and monitoring appropriate plans to address the nutritional needs of eligible children; and

(c) Making referrals to appropriate community resources to carry out nutrition goals.

Occupational Therapy

Occupational therapy includes

(a) Providing services, collaboration and consultation with family members, teachers, caregivers and other IFSP team members to promote function, learning and development across all domains, with an emphasis on adaptive behavior, self-help skills, fine and gross motor development, postural development, mobility, sensory development, behavior, play and oral motor functioning as related to the IFSP services and strategies;

(b) Promoting mobility and participation through design or acquisition of assistive and orthotic devices; and

(c) Providing services to improve the child's functional ability to perform tasks in the home and community setting.

Physical Therapy

Physical therapy includes

(a) Providing services, collaboration and consultation with family members, teachers, caregivers and other IFSP team members to promote learning and development across all domains, with an emphasis on mobility, positioning, fine and gross motor development, strength and endurance, specific motor disorders, sensory development and other areas as related to the IFSP services and strategies;

(b) Promotion of mobility and participation through design or acquisition of assistive and orthotic devices; and

(c) Services to promote sensorimotor function through enhancement of musculoskeletal status, neurobehavioral organization, perceptual and motor development, cardiopulmonary status, and effective environmental adaptation.

Psychological Services

Psychological services include

(a) Administering and interpreting psychological tests and interviews;

(b) Providing services, consultation and collaboration with family members, teachers, caregivers and other IFSP team members to promote function, learning, and development with an emphasis on the social and emotional needs of the child as related to the IFSP services and strategies;

(c) Providing intensive remediation of mental, emotional, interpersonal, behavioral and learning disorders in eligible children; and

(d) Consulting with other IFSP team members regarding social and emotional development.

Reassessment

Reassessment is the process, planned on the IFSP, by which a LPHA gathers and documents information regarding a child's functional progress on IFSP outcomes.

Social Work

Social work services include

(a) Collaboration with community resources to improve family functioning in their environment;

(b) Providing services, consultation and collaboration with family members, teachers, caregivers, and other IFSP team members to promote function, learning, and development across all domains, with an emphasis on providing supports to decrease family stressors and maximize their ability to benefit from early intervention services; and

(c) Evaluation of living conditions and family interactions as they relate to the child.

Specialized Skills Training

Specialized Skills Training is for children who need general developmental intervention. The services include:

(a) Providing the family with information, skills and support to assist the child with the acquisition and mastery of functional skills;

(b) Reducing limitations resulting from developmental delays or disabilities by focusing on identified developmental needs across all domains (e.g., cognitive processes, communication, adaptive, physical motor, and social emotional);

(c) Collaborating with the interdisciplinary team as required to implement the plan; and

(d) Consulting with a licensed professional of the healing arts to support the planned services.

Speech-Language Therapy

Speech-language pathology includes

(a) Evaluation and ongoing assessment;

(B) Providing services, consultation and collaboration with family members, teachers, caregivers and other IFSP team members to promote learning and development across domains, with an emphasis on communication skills, language and speech development, sign language and cued language services, oral motor functioning, and identification of specific communication disorders;

(c) Promotion of communication and participation through design or acquisition of assistive devices; and

(d) Services designed to promote rehabilitation and remediation of delays or disabilities in language-related symbolic behaviors, communication, language, speech, emergent literacy, and/or feeding and swallowing behavior.

Vision Services

Vision services are defined as

(a) Evaluation and assessment of visual functioning, including the diagnosis and appraisal of specific visual disorders, delays, and abilities;

(b) Referral for medical or other professional services necessary for the habilitation or rehabilitation of visual functioning disorders, or both; and

(c) Communication skills training, orientation and mobility training for all environments, visual training, independent living skills training, and additional training necessary to activate visual motor abilities.

Case Management Only

Services include

(a) Ongoing activities performed by the service coordinator as the single point of contact for the family; and

(b) No other planned services.

Specialist
This is a filter only, to limit the types of employees to display in the Employee

Drop-Down list:
The specialty of the person who will provide the service

Drop-Down Options:
(Any)
Administrator
Assistant Program Director
Audiologist
Certified Teacher
Child Find Coordinator
Dietitian (LD)
Early Intervention Specialist
Educational Diagnostician
Licensed Baccalaureate Social Worker – LBSW
Licensed Clinical Social Worker – LCSW
Licensed Marriage and Family Therapist - LMFT
Licensed Marriage and Family Therapist Associate - LMFTA
Licensed Master Social Worker - LMSW
Licensed Professional Counselor – LPC
Licensed Professional Counselor Intern - LPCI
Licensed Vocational Nurse - LVN
OT - Occupational Therapist
OTA - Occupational Therapy Assistant
Orientation and Mobility Specialist – OM
Other Direct Service
Other Indirect Service
PT - Physical Therapist
PTA - Physical Therapy Assistant
Pediatrician
Physician - Other Than Pediatrician
Program Director
Psychological Associate
Psychologist
Registered Nurse – RN
SLP - Speech Language Pathologist
SLPA – Assistant in Speech Pathology
Teacher of the Auditorily Impaired (AI Teacher)
Teacher of the Visually Impaired (VI Teacher)
Translator/Interpreter

R Employee
The employee who will provide the service

Drop-Down Options: All program employees

RA Parent Arranged (check box)
Indicates that the service is recommended in the IFSP and the parent requests or agrees to access a provider outside of Contractor's ECI program and will be responsible for all costs incurred for the service Choices: Checked or Not Checked

R Setting
The primary setting where the service will occur
Drop-Down Options:

Home
The principal residence of the child's family or caregivers. Children may have been evaluated in a different setting, but most of their ongoing service delivery program is provided in their home.

Community-Based
Settings where children without disabilities are typically found. These settings include, but are not limited to, child care centers (including family day care), preschools, regular nursery schools, early childhood centers, libraries, grocery stores, parks, restaurants, emergency shelters (for CPS placements) and community centers (e.g., YMCA, Boys and Girls Clubs).

Service Provider Location
An office, clinic, or hospital where the infant or toddler comes for short periods of time (e.g., 45 minutes) to receive services. These services may be delivered individually or to a small group of children.

Hospital (Inpatient)
A residential medical facility. These services are provided in an inpatient hospitalized setting. Children who receive therapy only at a hospital or on an outpatient basis should be indicated as receiving services in the "service provider location", not "hospital."

Program Designed For Children with Developmental Delay or Disabilities
An organized program provided on a regular basis. The program is usually directed toward the facilitation of one or more developmental areas. Examples include early intervention classrooms/centers, developmental child care programs, or a program operated at a hospital that is designed for children with developmental delay or disabilities.

Residential Facility
A treatment facility that is not primarily medical in nature, where the infant or toddler currently resides. This includes nursing homes that are not primarily medical facilities.

Other Setting
Any service setting not included in the settings listed above.

Also, if the child's IFSP calls only for intervention services for family members, and not for the child directly, (e.g. parent counseling during which the child is not present, and the child receives no direct service) count the service setting as "other."

R **Expected Frequency**
The frequency with which the service is expected to occur

Drop-Down Options:
 # x Weekly - service will occur X times per week, e.g., 4 times per week
 # x Monthly - service will occur X times per month, e.g., 4 times per month
 # x Year - service will occur X times per year, e.g. 4 times per year
Every 6 weeks - service will occur every 6 weeks
One Time Only - one time only

R **Method**
The method of the planned service

Drop-Down Options:
Group - a service provided in a group
Individual - a service provided on an individual basis

R **Expected Intensity**
The length of time each planned service visit is expected to last

Drop-Down Options:

15 minutes	4 hours
30 minutes	5 hours
45 minutes	6 hours
1, 1 ¼, 1 ½, 1 ¾ hours	7 hours
2, 2 ¼, 2 ½, 2 ¾ hours	8 hours
3 hours	10 hours

R **Start Date**
The projected date the planned service type is to begin

R **End Date**
The projected date the planned service type is to end

R **Total Authorized Visits**
The number of times the planned service will be provided

Note: This field is not in use at this time

Unit Rate
The cost of one unit of service
Note: This field is not in use at this time

Delivered Services

Documents detailed information on delivered services

R **Planned Start Date**
The date that the service is expected to start

R **Planned End Date**
The date that the service is expected to end

R **Deliver Date**
The date that the service was provided to the child/family

R **Deliver Hours**
The actual time, in hours, of the delivered service

R **Deliver Minutes**
The actual time, in minutes of the delivered service – from 0 to 59

R **Employee**
The name of the employee who provided the service
Drop-Down Options: All program employees

Travel Hours
The number of hours spent traveling in order to provide the service

Travel Minutes
The number of minutes spent traveling in order to provide the service

Travel Mileage
The number of miles traveled in order to provide the service

RA **28-Day Reason**
The reason a service was not initiated within 28 days from the IFSP Signed Date

Drop-Down Options:
Program **–** This includes almost all reasons that are not *influenced* by the family, including staff shortages, staff illnesses, car problems, etc.

Family - This includes reasons that are *influenced* by the family, including such incidents as a child or family illness, hospitalization of the child or another family member, other family emergencies, no shows, family cancellations, inability to contact the family for an extended period, etc. An inability to contact the family should be supported by progress notes documenting repeated efforts to contact.

Other **–** This option should be used rarely and only in circumstances that are beyond the control of the program or the family. Examples include natural disasters or extreme weather-related conditions.

Child Outcomes

Documents information on child outcomes

R **Time Period**
The period of time for the outcome rating

Drop-Down Options:
- 1st 6-Month
- 1st Annual
- 2nd 6-Month
- 2nd Annual
- 3rd 6-Month
- Exit

R **Date**
The date the outcome rating was completed

R **Rating**
The rating for each outcome is the rating of 1 to 7 from the Child Outcomes Summary Form

R **Progress**
The progress item for each outcome is reflected as “Yes” or “No” and indicates whether progress was made in each outcome area.

Transition

Documents transition activities

Transition Steps

R **Date Added to IFSP**
The date that transition steps were first added to the IFSP
Note: Once transition steps are added, this date should not, and need not, be updated if the transition steps are revised at a later date.

Part B Potential Eligibility/Notification

R **Is child potentially eligible for Part B?**
Indicates whether the child is potentially eligible for Part B preschool special education services, as determined by the child's IFSP team
Drop-Down Options: Yes or No

RA **Date of notification to Part B**
The date the notification was made to the local education agency (LEA) for a child who is potentially eligible for Part B preschool special education services

RA **Date of parent opt-out of notification**
The date the parent decided to opt out of the notification to Part B preschool special education services

Transition Conference for Part B

RA **Date of the Conference**
The date of the conference that is convened with the parent(s), with approval of the parent(s), and representatives from the LEA to provide parents information about preschool special education and related services

RA **Date Parent Declined Conference**
The date the parent declined the transition conference

RA **Reason for Late or No Conference**
The reason the transition conference did not occur at all, or did not occur on time

Drop-Down Options:
Enrollment later than 33 months
Family
ECI Program
Part B Program
Other

Actions

Documents needed future actions on the case

Action Type
Category of the Action required on the child's case

Drop-Down Options:
Dismissal
Evaluation/Assessment

IFSP
Referral
Request for Information
Transition

Action Type Detail

The detailed type of action within the broader category
Drop-Down options:

- Dismissal
- Evaluation/Assessment
  - Annual Evaluation
  - Discipline-Specific
  - Eval Other
- IFSP
  - IFSP Initial
  - Complete Review
  - IFSP Annual
  - IFSP Continuation
  - IFSP Other
- Referral
- Requests for Information
  - Information – CPS
  - Information – Family
  - Information – Physician/Medical
  - Information – Therapy
  - Information – Other
- Transition
  - Transition Steps
  - Transition Conference
  - Transition Notification
  - Transition Other

Action Statement

Narrative description of the action required on the child's case
Example: Complete transition plan for the child.

Due Date

Date the action is due.

Completion Date

Date the action was completed

System-Generated

“Yes” indicates the action was generated by the system, not the user.

Notes

Documents details of various events

Creation Date
The date the note was created – this is generated by the system.

Topic
The topic of the case note

Drop-Down Options:
- Evaluation/Assessment
- Follow Along
- IFSP Meeting
- Pre-enrollment/Screening
- Progress Notes—specific to direct service delivery
- Referral
- Case Management
- Other

Note Statement
A narrative statement or description of the note

Created By
The person who created the case note
Note: This is generated by the system, and displays the user name of the person who created the note.

Disposition Change

Documents details of changes in the disposition of a child's case

Disposition

Disposition History
Displayed Fields: Disposition Change, Effective Date, System Date/Time

Current Disposition (text field)
Displays a case's current disposition and indicates dispositions to which the case may be changed

Disposition Date
Indicates the effective date of the current disposition

Transferred-in

When applicable, displays the date the child was transferred into your program; this field is pre-populated from the Referral page

Transferred-out
When applicable, indicates the date the child was transferred out of your program; this field is pre-populated from the Referral page

Exit
Indicates the date the child is no longer enrolled in the ECI program. The case is not yet closed. This field is pre-populated from the Referral page.

Disposition Change
Indicates information when the case is changing from the current disposition

Radio Button Options:
- Follow-Along
- Closure
- Eligibility Determination

R Effective Date
Indicates the date the disposition change is effective

RA Reason for Follow-Along
This field is only active when the Follow-Along radio button is selected; indicates the reason the child was moved to Follow-Along

RA Reason for Closure
This field is only active when the Closure radio button is selected; indicates the reason the child's case was closed

> **NOTE:** Closure reasons are organized by Disposition Type.

For a case disposition of <u>Referral</u>, the possible closure reasons are:

Family Declined All Services
Family declined all services during the referral process

Screened, No Further Services
Child was screened but not evaluated/assessed, and did not need any additional services, including Follow Along

Referred to another ECI Program for Enrollment
The child was referred to another Texas ECI program during the referral process. Include families that move within State and intend to pursue services

Moved
The family moved out-of-State during the referral process

Reached Third Birthday
The child turned three years-old during the referral process

Deceased
During the referral process, the child died

Could Not Be Contacted
During the referral process, the family could not be contacted

Duplicate – Invalid Data Entry
Child's case record is a duplicate and should be deleted from the system

For a case disposition of Eligibility Determination, the possible closure reasons are:

Screened, No Further Services
Child was screened but not evaluated/assessed, and did not need any additional services, including Follow Along

Eligibility Not Determined – Family Declined All Services
Parents declined ECI services before evaluation/assessment could be conducted; family also declined Follow Along services. (This item includes both children who declined all ECI services before eligibility for Follow Along was determined and children who were determined eligible for Follow Along, but have also declined Follow Along services.)

Ineligible for Comprehensive and Follow Along
Child was evaluated/assessed and according to results was not eligible for services, including Follow Along

Ineligible for Comprehensive – Declined Follow Along
Evaluation/assessment was completed and child found ineligible for comprehensive services; was determined eligible for Follow Along, but family declined Follow Along services

Eligible for Comprehensive - Declined All Services
Evaluation/assessment was completed, child found eligible for comprehensive services, but family declined comprehensive services and Follow Along services

Referred to another ECI Program for Enrollment

During the process of determining the eligibility of the child, the family was referred to another Texas ECI program for possible enrollment

Moved
During the process of determining the eligibility of the child, the family moved out-of-State

Reached Third Birthday
The child turned three years-old during the eligibility determination process

Deceased
During the process of determining the eligibility of the child, the child died

Could Not Be Contacted
During the process of determining the eligibility of the child, the family could no longer be contacted

Duplicate – Invalid Data Entry
Child's case record is a duplicate and should be deleted from the system

For a case disposition of Enrolled, the possible closure reasons are:

Met Developmental Proficiency
Child was dismissed from your program because evaluations/assessments by professional staff indicate the child no longer exhibits developmental delays or atypical behavior. This includes a child who has not reached maximum age for Part C, has successfully completed the IFSP, and no longer requires services under IDEA, Part C

No Longer Meets Continuing Eligibility Criteria
Child was dismissed from your program because the child no longer met continuing eligibility criteria

> **NOTE:** The next six reasons refer to children exiting because they reached their 3rd birthdays and are no longer eligible for ECI services.

Part B Eligible – Enrolled in Part B
Child was determined to be eligible for Part B, referred to and enrolled in public school special education services (Enrolled in Part B)

Part B Eligible – Missing or Declined Part B
Child was determined to be eligible for Part B, referred to public school, but family declined Part B or the status is unknown

Not Eligible for Part B – Exit to Other Programs
Child reached maximum age for Part C, was determined not eligible for Part B, and was referred to other non-ECI programs (e.g., preschool learning center or child care center) and/or was referred for other services (e.g., health and nutrition services, such as WIC). The other services may be for the child or for the family.

Not Eligible for Part B – Exit with No Referrals
Child reached maximum age for Part C, was determined not eligible for Part B services and is exiting without referrals to other non-ECI programs

Part B Eligibility Not Determined – Waiting for Part B
Child was referred for Part B evaluation but eligibility determination has not yet been made or reported. Include in this category any child who reached maximum age for Part C, and who has not been counted in any other category described in this section

Part B Eligibility Not Determined – Declined Part B Eligibility
Family declined Part B before eligibility could be determined

Other Closure Reasons

Moved – Within State
Child was dismissed from your program because his/her family moved within the state and was referred or transferred to another ECI Program

Moved – Out-of-State
Child was dismissed from your program because his/her family moved outside of the state of Texas

Withdrawal by Family
Child's parents declined comprehensive services after an IFSP was in place and provided written or verbal indication of withdrawal from services

Deceased
Child died. Include even if death occurred at the age of exit

Could Not Be Contacted
Attempts to contact the parent and/or child were unsuccessful. Include all children who have not reached the maximum age of service under Part C, who had an active IFSP, and for whom Part C personnel have been unable to contact or locate the family or child after repeated, documented attempts. Include in this category any child who exited Part C before reaching maximum age, and who has not been counted in categories 9 – 12 described above.

Duplicate – Invalid Data Entry

Child's case record is a duplicate and should be deleted from the system.

For a case disposition of Follow-Along, the possible closure reasons are:

Services No Longer Needed
Child was dismissed from Follow Along because, by clinical opinion, the child is determined no longer at risk for developmental delay

Reached Third Birthday
Child was dismissed because he or she reached 36 months of age

Moved
Child was dismissed because his/her family moved

Withdrawal by Family
Child was enrolled in Follow Along, but parents subsequently withdrew child from Follow Along services

Deceased
Child died

Could Not Be Contacted
Child has not reached maximum age for Part C, but attempts to contact the family were unsuccessful and the child is no longer considered enrolled in Follow Along

Duplicate – Invalid Data Entry
Child's case record is a duplicate and should be deleted from the system

Follow-Along

Reasons for Movement of a Case into Follow-Along:
These reasons are for children who are moving into Follow Along services; they have not exited all services.

For a case disposition of Referral, the only possible reason for entry into Follow Along is:

Transferred from another ECI Follow-Along Program
During the referral process, the child transferred to another ECI Follow-Along Program

For a case disposition of Eligibility Determination, the possible reasons for entry into Follow Along are:

Screened – Enrolled in Follow-Along
Child was screened, did not require evaluation/assessment, but was determined eligible for and enrolled in Follow Along

Ineligible for Comprehensive – Enrolled in Follow-Along
Child was evaluated/assessed, found ineligible for comprehensive services, but determined eligible for and enrolled in Follow Along

Eligible for but Declined Comprehensive - Enrolled in Follow-Along
Child was evaluated/assessed, found eligible for comprehensive services, and family declined comprehensive services but enrolled in Follow Along

For a case disposition of Enrolled (in comprehensive services), the possible reasons for entry into Follow-Along are:

Withdrew from Comprehensive – Enrolled in Follow Along
Child was enrolled in comprehensive services, but the family withdrew and enrolled the child in Follow Along services

Met Developmental Proficiency – Enrolled in Follow Along
Child was enrolled in comprehensive services, but the child met developmental proficiency and enrolled in Follow Along services

No Longer Meets Eligibility Criteria – Enrolled in Follow Along
Child was enrolled in comprehensive services, but the child no longer met continuing eligibility criteria and enrolled in Follow Along services

Program Administration

Documents Information Related to ECI Program

R Number
The three-digit ECI Program Code

R Name
The name of your ECI program's agency

Date Inactive

This is used (by the DARS ECI) when a program ceases to contract with DARS ECI.

Website
The website of the ECI program

R **Contact Phone Numbers and Email Address for the ECI Program** Director
Phone Numbers: Work, Fax
Email Address

Physical Address

Address
The address of the ECI program
Special Instructions: Use both lines if address is two parts, such as street and suite number.

City
The city where the address is located
Drop-Down Options: Choose the correct city

State
The state where the address is located
Drop-Down Options: Choose the correct state

County
The county where the address is located
Drop-Down Options: Choose the correct county

Zip Code
The zip code where the address is located
Drop-Down Options: Choose the correct zip code

Mailing Address
Same fields as for Physical Address, but for Mailing Address if different

R **Position (of Officer)**
Program Managers and Executive Staff associated with the ECI Program

Drop-Down Options:
- Program Director
- Executive Director
- Financial Officer
- MAC Coordinator
- Child Find Coordinator
- Business Manager

Employee Administration

Documents Information on ECI Program Staff and Contract Employees

R **Employee SSN**
The last 4 digits of the employee's social security number

R **Last**
The last name of the employee of your ECI program

R **First**
The first name of the employee of your ECI program

RA **MI**
The middle initial of the employee of your ECI program

R **Gender**
The gender of the employee of your ECI program

Drop-Down Options:
- Female
- Male

R **Race**
The race/ethnicity of the employee for your ECI program

Drop-Down Options:
- American Indian/Alaskan Native
- Asian/Pacific Islander
- Black/African American
- Hispanic/Latino
- White

Medicaid #
The Medicaid Provider Number of the employee.

R **Employee Type**
The type of employee

Drop-Down Options:
- AI/VI Teacher
- Contracted Employee
- Non-salary/Non-contract
- Program Administrator
- Program Employee

R **Hire Date**
The date of hire of the employee

R **Term Date**
The date of termination of the employee

Salary Annual
The annual salary of the ECI employee

Special Instructions: Annual salary is to be entered for ECI program staff only.

R **% FTE**
The percent full time equivalent of the employee.

Hourly Rate
The hourly salary of the contract employee

Special Instructions: Hourly salary is to be entered for contract employees only.

R **Credential**
The professional credential of the employee

Drop-Down Options:
- Administrator
- Assistant Program Director
- Audiologist
- Certified Teacher
- Child Find Coordinator
- Dietitian (LD)
- Early Intervention Specialist
- Educational Diagnostician
- Licensed Baccalaureate Social Worker – LBSW
- Licensed Clinical Social Worker – LCSW
- Licensed Marriage and Family Therapist - LMFT
- Licensed Master Social Worker - LMSW
- Licensed Professional Counselor – LPC
- Licensed Professional Counselor Intern - LPCI
- Licensed Vocational Nurse - LVN
- OT - Occupational Therapist
- OTA - Occupational Therapy Assistant
- Orientation and Mobility Specialist – OM
- Other Direct Service
- Other Indirect Service
- PT - Physical Therapist
- PTA - Physical Therapy Assistant
- Pediatrician

Physician - Other Than Pediatrician
Program Director
Psychological Associate
Psychologist
Registered Nurse – RN
SLP - Speech Language Pathologist
SLPA - Assistant in Speech Pathology
Teacher of the Auditorily Impaired (AI Teacher)
Teacher of the Visually Impaired (VI Teacher)
Translator/Interpreter

Special Instructions: An employee can have more than one credential. If an employee's credential changes, please update this in TKIDS.

For each employee record:
Contact Information
Physical Address
Mailing Address

Appendix B - Edit, Logical Consistency and Validation Checks

General

- All date fields must be valid calendar dates.
- Selection of city sometimes restricts possible county and zip code.
- Where possible, dropdown menus are used to restrict alternatives.
- All phone numbers are limited to 7 characters length. All input must be numeric characters.
- Social security numbers (for either employees or children) are limited to 9 characters, all of which must be numeric.

Case/Child Create

- Upon entering a date of birth three years or more before the current date, a message states that “birth date indicates that child is ineligible for ECI services.”
- A future Date of Birth cannot be entered.

Child Referral

- Referral date cannot be prior to 9 months before the date of birth.
- Referral Date cannot be on or after the child’s third birthday.
- A case cannot be created if the current date is after the third birthday.
- Birth weight:
    - # pounds cannot exceed 20
    - # ounces cannot exceed 15
- Gestational age must be less than 46 weeks.
- Exit date cannot be a future date.
- Transferred in date must be later than or equal to referral date.
- Transferred in date cannot be a future date and cannot be later than the third birthday. (If the birthday is February 29, the birthday is considered to be March 1.)
- Transferred in date cannot be before the closure date or the transfer-out date of the previous program for this child.
- Transferred out date cannot be a future date and cannot be later than the third birthday.
- Transferred out date and Exit Date are only available from the Enrolled disposition

Pre-enrollment/Screening

- Date of First Face-to-Face Contact must be later than or equal to the referral date.
- Date of First Face-to-Face Contact cannot be a future date. It cannot be on or after the child’s third birthday.

- Date of First Face-to-Face Contact may be changed, but not deleted, if the case is still in the Eligibility Determination disposition.

Evaluation/Assessment

- Allows entry of only one initial evaluation.
- Upon saving evaluation, must have date, evaluation type, and discipline.
- Displays a warning message when a user attempts to enter an evaluation date before the referral date of the case if the case has no transfer-in date.
- The Initial evaluation cannot be deleted if there are any other evaluations.

Eligibility

- Selection of eligibility type restricts possible diagnoses/areas of delay.
- Selection of eligibility type forces a diagnoses/delay.
- Eligibility date cannot be a future date.
- Months of delay cannot exceed the age of the child on the Eligibility Date.
- The allowed range for Months of Delay is 1-36.
- The Adjusted Age (in months) is only allowed for children with eligibility type of DD and younger than 12 months.
- The allowed range for Adjusted Age is 0-17 months.
- Adjusted age cannot be more than the child's chronological age on the eligibility date.

Family

- Family income cannot exceed $99,999,999.
- Family size cannot exceed 30.

Third Party Benefits

- Medicaid number is limited to a nine-digit entry and must be all numeric.
- Medicaid end date must be later than Medicaid begin date.
- Medicaid begin date must be equal to or later than the end date of the last Medicaid enrollment period.
- Cannot have Medicaid end date without Medicaid begin date.
- No periods of Medicaid eligibility can have the same end date.
- Coverage which is ongoing may be indicated by leaving the end date blank (until it is known).
- Only one period of Medicaid eligibility can have a null end date.
- A Medicaid begin date cannot be on or after the child's 3rd birthday.

CM/TCM

- A SC/TCM Date cannot be a future date.
- A SC/TCM Date cannot be after the Exit Date or Transferred-Out Date.

IFSP

- IFSPs must be entered in chronological order.
- Only one initial IFSP is allowed per case.

- An Interim IFSP is allowed only if there are no other IFSPs entered for this case.
- Meeting date and family signed date cannot be future dates. They cannot be on or after the child's third birthday.
- Per any one IFSP, family signed date must be equal to or later than the meeting date.
- Cannot create more than one IFSP with the same meeting and/or sign date.
- Per any one IFSP, begin date of planned services must be on or after the family signed date.
- Per any one IFSP, end date of planned services must be on or before one year from begin date.
- Planned service end date must be before the child's third birthdate.
- TKIDS will not allow entry of planned services into an IFSP of type "Complete Review-No change".
- Dates of delivered services cannot be future dates.
- Dates of delivered services must be within IFSP Sign Date and end date of planned services.
- Dates of delivered services must be on or after the transferred-in date.
- Hours of a delivered service must be 10 hours or less.
- TKIDS will not allow entry of delivered services for a planned service of type "Case Management Only". Delivered services for case management must be entered on the **CM/TCM** page.
- Dates of delivered services must be before the Sign Date of the next IFSP.
- Dates of delivered services cannot be after the Exit Date or the Transferred-Out Date.

Business Rules for Deleting an IFSP

- Can't delete an IFSP if the Case Disposition is currently "Follow Along" or "Closure".
- Can't delete an IFSP if any Planned Services are linked to it.
- Can't delete a Planned Service if any Received Services are linked to it.
- Can't delete an Initial or Interim IFSP if any of these IFSPs are present:
    - Partial Review
    - Annual
    - Complete Review-Revision
    - Complete Review-No changes
    - Continuation

Transition

- All dates must be on or after the child's DOB, earlier than the child's third birthday, and on or earlier than the current date.
- Potentially Eligible cannot be changed from Yes to No or blank if one or both dates are entered.

- Date of Notification , if entered, must be equal to or later than child's second birthday.
- Opt Out Date cannot be entered after Date of Notification has been entered.
- If Opt Out Date has been entered, a Date of Notification earlier than the Opt Out Date cannot be entered.
- Date of Conference and Parent Declined Date, if entered, must be equal to or later than child's second birthday.

Child Outcomes

- Outcome data entry is not available until a child becomes enrolled.
- Ratings can be a number from 1 to 7.
- All dates should be equal to or later than child's DOB.
- Dates cannot be a future date.
- All dates for ratings other than entry should be later than date for entry.

Exit and Closure

- An Exit Date and a Transferred Out cannot both be entered on a case.
- A Case may be exited only from the "Enrolled" Disposition.
- Exit date cannot be before some disposition date.
- Effective date cannot be a future date and cannot be after the child's third birthday.
- A Case may be Transferred Out only from the "Enrolled" Disposition.
- Exit dates and Transferred Out dates may only changed by a user with "Case Admin" security.
- A new Case for an existing Child may be created if a Child is currently Transferred Out.
- A new Case for an existing Child may not be created if a Child is currently exited (but not closed).

Disposition Change Data

- Minimum information required for changes in dispositions (See
- Disposition Change Diagram).
- Dates that trigger disposition change are locked in with these exceptions: The Referral Date may be changed (not deleted) if the case is still in the Referral disposition. The Date of First Face-to Face Contact may be changed (not deleted) if the case is still in the Eligibility Determination disposition.
- Disposition restricts possible exit/closure reasons. Reason for disposition change is limited after user selects a disposition.
- If a Follow-Along date needs to be corrected, a user with Case Admin access can change this date to a later date if the child has never been enrolled.

Employee Information

- Termination date must be on or later than hire date.
- Annual, hourly salary and FTE percentage can only be numeric characters.

Appendix C - Birth Weight Conversion

Grams to Pounds/Ounces

Grams	Pounds	Ounces
0	0	0
28	0	1
57	0	2
85	0	3
113	0	4
142	0	5
170	0	6
198	0	7
227	0	8
255	0	9
283	0	10
312	0	11
340	0	12
369	0	13
397	0	14
425	0	15
454	1	0
482	1	1
510	1	2
539	1	3
567	1	4
595	1	5
624	1	6
652	1	7
680	1	8
709	1	9
737	1	10
765	1	11
794	1	12
822	1	13
850	1	14
879	1	15
907	2	0
936	2	1
964	2	2
992	2	3
1021	2	4
1049	2	5
1077	2	6
1106	2	7
1134	2	8
1162	2	9
1191	2	10
1219	2	11
1247	2	12
1276	2	13
1304	2	14
1361	3	0
1389	3	1
1417	3	2
1446	3	3
1474	3	4
1503	3	5
1531	3	6
1559	3	7
1588	3	8
1616	3	9
1644	3	10
1673	3	11
1701	3	12
1729	3	13
1758	3	14
1786	3	15
1814	4	0
1843	4	1
1871	4	2
1899	4	3
1928	4	4
1956	4	5
1984	4	6
2013	4	7
2041	4	8
2070	4	9
2098	4	10
2126	4	11
2155	4	12
2183	4	13
2211	4	14
2240	4	15
2268	5	0
2296	5	1
2325	5	2
2353	5	3
2381	5	4
2410	5	5
2438	5	6
2466	5	7
2495	5	8
2523	5	9
2551	5	10
2580	5	11
2608	5	12
2637	5	13
2665	5	14
2722	6	0
2750	6	1
2778	6	2
2807	6	3
2835	6	4
2863	6	5
2892	6	6
2920	6	7
2948	6	8
2977	6	9
3005	6	10
3033	6	11
3062	6	12
3090	6	13
3118	6	14
3147	6	15
3175	7	0
3203	7	1
3232	7	2
3260	7	3
3289	7	4
3317	7	5
3345	7	6
3374	7	7
3402	7	8
3430	7	9
3459	7	10
3487	7	11
3515	7	12
3544	7	13
3572	7	14
3600	7	15
3629	8	0
3657	8	1
3685	8	2
3714	8	3
3742	8	4
3770	8	5
3799	8	6
3827	8	7
3856	8	8
3884	8	9
3912	8	10
3941	8	11
3969	8	12
3997	8	13
4026	8	14

Grams	Pounds	Ounces
1332	2	15
4082	9	0
4111	9	1
4139	9	2
4167	9	3
4196	9	4
4224	9	5
4252	9	6
4281	9	7
4309	9	8
4337	9	9
4366	9	10
4394	9	11
4423	9	12
4451	9	13
4479	9	14
4508	9	15
4536	10	0
4564	10	1
4593	10	2
4621	10	3
4649	10	4
4678	10	5
4706	10	6
4734	10	7
4763	10	8
4791	10	9
4819	10	10
4848	10	11
4876	10	12
4904	10	13
4933	10	14
4961	10	15
4990	11	0
5018	11	1
5046	11	2
5075	11	3
5103	11	4
5131	11	5
5160	11	6
5188	11	7
5216	11	8
5245	11	9
5273	11	10
5301	11	11
5330	11	12
5358	11	13
5386	11	14
5415	11	15

Grams	Pounds	Ounces
2693	5	15
5443	12	0
5471	12	1
5500	12	2
5528	12	3
5557	12	4
5585	12	5
5613	12	6
5642	12	7
5670	12	8
5698	12	9
5727	12	10
5755	12	11
5783	12	12
5812	12	13
5840	12	14
5868	12	15
5897	13	0
5925	13	1
5953	13	2
5982	13	3
6010	13	4
6038	13	5
6067	13	6
6095	13	7
6123	13	8
6152	13	9
6180	13	10
6209	13	11
6237	13	12
6265	13	13
6294	13	14
6322	13	15
6350	14	0
6397	14	1
6407	14	2
6435	14	3
6464	14	4
6492	14	5
6520	14	6
6549	14	7
6577	14	8
6605	14	9
6634	14	10
6662	14	11
6690	14	12
6719	14	13
6747	14	14
6776	14	15

Grams	Pounds	Ounces
4054	8	15
6804	15	0
6832	15	1
6861	15	2
6889	15	3
6917	15	4
6946	15	5
6974	15	6
7002	15	7
7031	15	8
7059	15	9
7087	15	10
7116	15	11
7144	15	12
7172	15	13
7201	15	14
7229	15	15
7257	16	0
7286	16	1
7314	16	2
7343	16	3
7371	16	4
7399	16	5
7428	16	6
7456	16	7
7484	16	8
7513	16	9
7541	16	10
7569	16	11
7598	16	12
7626	16	13
7654	16	14
7683	16	15
7711	17	0
7739	17	1
7768	17	2
7796	17	3
7824	17	4
7853	17	5
7881	17	6
7910	17	7
7938	17	8
7966	17	9
7995	17	10
8023	17	11
8051	17	12
8080	17	13
8108	17	14
8136	17	15

Grams	Pounds	Ounces
8165	18	0
8193	18	1
8221	18	2
8250	18	3
8278	18	4
8306	18	5
8335	18	6
8363	18	7
8391	18	8
8420	18	9
8448	18	10
8477	18	11
8505	18	12
8533	18	13
8562	18	14
8590	18	15
8618	19	0
8647	19	1
8675	19	2
8703	19	3
8732	19	4
8760	19	5
8788	19	6
8817	19	7
8845	19	8
8873	19	9
8902	19	10
8930	19	11
8958	19	12
8987	19	13
9015	19	14
9043	19	15
9072	20	0
9100	20	1
9129	20	2
9157	20	3
9185	20	4
9214	20	5
9242	20	6
9270	20	7
9299	20	8
9327	20	9
9355	20	10
9384	20	11
9412	20	12
9440	20	13
9469	20	14
9497	20	15

Grams	Pounds	Ounces

Grams	Pounds	Ounces

Appendix D – Qualifying Diagnoses:

Names and ICD-9 Codes

Order by Alpha

ICD-9	Diagnosis
756.4	Achondrogenesis I (Parenti-Fraccaro Syndrome)
756.4	Achondrogenesis II (Langer-Saldino Syndrome)
756.4	Achondroplasia
755.55	Acrodysostosis (Acrodysplasia I)
330	Adrenoleukodystrophy
742.2	Agenesis of the Corpus Collosum
330.8	Alper's Disease (Poliodystrophy)
755.31	Amelia, Lower Limb
755.4	Amelia, Unspecified as to Site
755.21	Amelia, Upper Limb
762.8	Amniotic Band (affecting fetus or newborn)
740	Anencephaly
759.89	Angelman's Syndrome
437.9	Anoxic Insult to Brain
755.55	Apert's Syndrome (Acrocephalosyndactyly I, ACS I)
784.3	Aphasia (Acquired)
270.6	Argininosuccinic Aciduria
728.3	Arthrogryposis
299.8	Asperger's Syndrome
334.8	Ataxia Telanglectasia
299	Autism, Current or Active State
255.1	Bartter's Syndrome
759.82	Beals' Syndrome (Beals-Hecht Syndrome)
759.89	Beckwith-Wiedemann Syndrome
759.89	Biedl-Bardet Syndrome
767.6	Brachial Plexus Injury, Perinatal Origin (Erb's Palsy)
953.4	Brachial Plexus Injury, Post-Perinatal Origin
759.89	Camptomelic Dysplasia (CMD I, Camptomelic Dwarfism)
330	Canavan Disease
759.89	Carpenter Syndrome (Acrocephalopolysyndactyly)
759.89	Caudal Regression Syndrome (Sirenomelia)
191.6	Cerebellar Astrocytoma
331.89	Cerebral Ataxia, Congenital
742.4	Cerebral Cysts, Congenital
742.9	Cerebral Dysplasia
253	Cerebral Gigantism (Soto's Syndrome)
343	Cerebral Palsy, Infantile, Diplegic (Congenital Diplegia, Paraplegia)
343.1	Cerebral Palsy, Infantile, Hemiplegic (Congenital Hemiplegia)
343.3	Cerebral Palsy, Infantile, Monoplegic
343.8	Cerebral Palsy, Infantile, Other Specified

ICD-9	Diagnosis
343.2	Cerebral Palsy, Infantile, Quadriplegic
343.9	Cerebral Palsy, Infantile, Unspecified
756.9	Cerebrocostomandibular (Smith-Theiler-Schachenmann) Syndrome
759.89	Cerebrohepatorenal Syndrome
759.89	CHARGE Syndrome (CHARGE Association)
756.4	Chondrodysplasia Punctata Syndromes (Calcificans Congenita)
758	Chromosomal Anomalies - 10p+
758	Chromosomal Anomalies - 10q+
758	Chromosomal Anomalies - 11p-
758	Chromosomal Anomalies - 12p-
758	Chromosomal Anomalies - 13q-
758	Chromosomal Anomalies - 13q+
758	Chromosomal Anomalies - 18q-
758	Chromosomal Anomalies - 21q-
758	Chromosomal Anomalies - 22q-
758	Chromosomal Anomalies - 3q+
758	Chromosomal Anomalies - 4p-
758	Chromosomal Anomalies - 4p+
758	Chromosomal Anomalies - 4q-
758	Chromosomal Anomalies - 4q+
758.3	Chromosomal Anomalies - 5p- (Cri Du Chat or Cat's Cry)
758	Chromosomal Anomalies - 7q+
758	Chromosomal Anomalies - 9p-
758	Chromosomal Anomalies - 9p+
758	Chromosomal Anomalies - 9q-
758	Chromosomal Anomalies - Triploidy
758.1	Chromosomal Anomalies - Trisomy 13 (Patau's, D1)
758	Chromosomal Anomalies - Trisomy 14q1
758.2	Chromosomal Anomalies - Trisomy 18 (Edward's, E3)
758	Chromosomal Anomalies - Trisomy 21 (Down Syndrome)
758	Chromosomal Anomalies - Trisomy 22
758.5	Chromosomal Anomalies - Trisomy 8
758.6	Chromosomal Anomalies - XO (Turner's Syndrome)
758.81	Chromosomal Anomalies - XXXXX
758.81	Chromosomal Anomalies - XXXXY
758.81	Chromosomal Anomalies - XXXY
758.7	Chromosomal Anomalies - XXY (Klinefelter's Syndrome)
755.58	Cleft Hand, Congenital
749.1	Cleft Lip
749	Cleft Palate
749.2	Cleft Palate with Cleft Lip
756.54	Cloverleaf Skull-Kleeblatscadel
754.7	Clubfoot, Congenital
759.89	Cockayne Syndrome (Neill-Dingwall Syndrome)
759.89	Coffin-Lowry Syndrome
759.89	Coffin-Siris Syndrome (Fifth-Digit Syndrome)
779	Convulsions in Newborn (Newborn Seizures)
756	Crouzon's Disease (Craniofacial Dysostosis)
743.06	Cryptopthalmos Syndrome

ICD-9	Diagnosis
756.83	Cutis Laxa Syndromes, Recessive Form
771.1	Cytomegalic Inclusion Disease, Congenital
742.3	Dandy Walker Syndrome
759.89	DeLange's Syndrome
553.3	Diaphragmatic Hernia
742.51	Diastematomyelia
756.4	Diastrophic Dysplasia
279.11	DiGeorge's Syndrome
758	Down Syndrome
779.5	Drug Withdrawal Syndrome
759.89	Dubowitz Syndrome
359.1	Duchenne Muscular Dystrophy
756.4	Dyggve-Melchior-Clausen Syndrome (D-M-C Dwarfism)
333.6	Dystonia Musculorum Deformans (Torsion Dystonia)
756.83	Ehlers-Danlos Syndromes
742	Encephalocele
742.9	Encephalopathy, Congenital
348.1	Encephalopathy, Hypoxic Ischemic
348.3	Encephalopathy, Static
345.1	Epilepsy, Generalized Convulsive
345	Epilepsy, Generalized Nonconvulsive
345.4	Epilepsy, Partial, with Impairment of Consciousness
345.5	Epilepsy, Partial, without Impairment of Consciousness
345.9	Epilepsy, Unspecified
783.41	Failure to Thrive
742.8	Familial Dysautonomia (Riley-Day Syndrome, HSAN III)
270	Fanconi (-de Toni) (-Debre) Syndrome
272.8	Farber (-Uzman) Disease
760.71	Fetal Alcohol Syndrome
806	Fracture of Vertebral Column with Spinal Cord Injury
759.83	Fragile X Syndrome
271.8	Fucosidosis
271.1	Galactosemia
756.79	Gastroschisis, Congenital
272.7	Gaucher's Disease
270.7	Glycinemia
330.1	GM1 Gangliosidosis
330.1	GM2 Gangliosidosis (Tay-Sachs or Sandhoff Disease)
756	Goldenhar's Syndrome (Oculoauriculovertebral Dysplasia)
333	Hallervorden-Spatz Syndrome (Globus Pallidus Pigmentary Degeneration)
342.9	Hemiplegia (Hemiparesis), Unspecified
343.1	Hemiplegia, Congenital (Spastic Infantile Paralysis)
343.4	Hemiplegia, Infantile (Postnatal), NOS
742.4	Heterotopia
742.2	Holoprosencephaly
759.89	Holt-Oram (Cardiac-Limb) Syndrome (Atriodigital Dysplasia)
270.4	Homocystinuria
742.3	Hydrancephaly (Congenital Hydrocephalus)

ICD-9	Diagnosis
331.4	Hydrocephalus, Obstructive (Acquired Hydrocephalus, NOS)
356	Hypertrophic Interstitial Neuritis (Dejerine-Sottas or Gombault's)
759.7	Hypoglossia - Hypodactylia Spectrum (Hanhart's II Syndrome)
243	Hypothyroidism (Untreated), Congenital
779.8	Hypotonia, Congenital, Non-Benign Form
757.1	Ichthyosis Congenita (Harlequin Fetus)
345.6	Infantile Spasms, Epilepsy (Infantile Myoclonic Seizures)
431	Intracerebral Hemorrhage
772.14	Intraventricular Hemorrhage, Grade IV (Periventricular Venous Infarction)
277.8	Isovaleric Acidemia
759.89	Johanson-Blizzard Syndrome
714.3	Juvenile Rheumatoid Arthritis
759.89	Klippel-Trenaunay-Weber Syndrome
756.4	Kniest's Syndrome (Metatrophic Dwarfism II)
330	Krabbe's Disease
759.89	Langer-Giedion Syndrome (Acrodysplasia V, Klingmuller's)
755.8	Larsen's Syndrome
330.8	Leigh Disease
345.1	Lennox-Gastaut Syndrome (Gastaut's Syndrome)
259.8	Leprechaunism
277.2	Lesch-Nyhan Syndrome
759.89	Linear Nevus Sebaceous Syndrome
742.2	Lissencephaly
756.13	Lumbosacral Agenesis
756	Mandibulofacial Dysostosis (Franschetti-Klein Syndrome)
271.8	Mannosidosis
270.3	Maple Syrup Urine Disease
759.82	Marfan's Syndrome
751	Meckel's Disease (Meckel's Diverticulum)
759.89	Menkes' Syndrome (Kinky Hair Disease)
330	Metachromatic Leukodystrophy
270.7	Methylmalonic Aciduria with Glycinemia, Groups 1, 2, 3, 4
270.3	Methylmalonic Aciduria without Glycinemia, Group 5
742.1	Microcephaly
352.6	Mobius (-Poland) Syndrome (Congenital facial diplegia, Mobius II)
272.7	Mucolipidosis
277.5	Mucopolysaccharidosis
359	Muscular Dystrophy, Congenital
358	Myasthenia Gravis, Familial Infantile
348.3	Myoclonic Encephalopathy of Childhood (Kinsbourne Syndrome)
359.9	Myopathy Unspecified
728.11	Myositis Ossificans Progressiva
359.2	Myotonia Congenita (Thomsen's Disease)
359.2	Myotonic Dystrophy
359	Nemaline Rod Myopathy
237.7	Neurofibromatosis
330.1	Neuronal Ceroid Lipofuscinoses (Amaurotic Familial Idiocy)
330.1	Neuronal Ceroid Lipofuscinoses (Batten Disease)

ICD-9	Diagnosis
330.1	Neuronal Ceroid Lipofuscinoses (Jansky-Bielschowsky Syndrome)
330.1	Neuronal Ceroid Lipofuscinoses (Kufs Disease)
330.1	Neuronal Ceroid Lipofuscinoses (Spielmeyer-Vogt Disease)
272.7	Niemann-Pick Disease, Classic Infantile and Juvenile
759.89	Noonan's Syndrome
743.8	Norrie's Syndrome (Andersen-Warburg's Syndrome)
270.8	Oculocerebrorenal Syndrome (Lowe's Syndrome)
759.89	Oral-Facial-Digital Syndrome
281.4	Orotic Aciduria
756.5	Osteodystrophy, Congenital
756.51	Osteogenesis Imperfecta Syndromes
759.89	Otopalatodigital Syndrome
344	Paralysis of All Four Limbs (Quadriplegia, Quadriparesis,)
344.1	Paralysis of Both Lower Limbs (Paraplegia)
344.2	Paralysis of Both Upper Limbs (Diplegia)
344.3	Paralysis of One Lower Limb (Monoplegia)
344.4	Paralysis of One Upper Limb (Monoplegia)
344.8	Paralysis, Other Specified
344.9	Paralysis, Unspecified
736.71	Paralytic Clubbed Foot
348.8	Periventricular Leukomalacia (PVL), Other than Perinatal Origin
779.7	Periventricular Leukomalacia (PVL), Perinatal Origin
743.51	Persistent Hyperplastic Primary Vitreous
299.8	Pervasive Development Disorder (PDD), Unspecified
270.1	Phenylketonuria (PKU)
755.4	Phocomelia, Unspecified
754	Plagiocephaly
756.9	Poland's Syndrome (Pectoralis Muscle Deficiency-Syndactyly)
742.2	Polymicrogyria
271	Pompe's Disease (Glycogen Storage Disease)
742.4	Porencephaly
759.81	Prader-Willi Syndrome
756.71	Prune Belly Syndrome
742.2	Reduction Deformity of Brain
755.4	Reduction Deformity of Limbs
330.8	Rett Syndrome
759.89	Roberts' Syndrome (Appelt-Gerken-Lenz Syndrome)
756	Robin’s Syndrome
759.89	Rubinstein-Taybi Syndrome
759.89	Russell (-Silver) Syndrome
755.55	Saethre-Chotzen Syndrome (Chotzen's, Acrocephalosyndactyly III)
747.49	Scimitar Syndrome
780.39	Seizure Disorder, NEC (Convulsive Disorder, Other)
780.3	Seizures (Convulsions), Isolated and Nonrecurrent
579.3	Short Bowel Syndrome
759.89	Sialidosis
757.1	Sjogren-Larsson Syndrome
759.89	Smith-Lemli-Opitz Syndrome
741	Spina Bifida with Hydrocephalus (Arnold Chiari / Chiari II)

ICD-9	Diagnosis
741.9	Spina Bifida without Hydrocephalus (Meningomyelocele, Meningocele)
952	Spinal Cord Injury
756.9	Spondyloepiphyseal Dysplasia (SED)
759.6	Sturge-Weber Syndrome
46.2	Subacute Sclerosing Panencephalitis
333.7	Symptomatic Torsion Dystonia
336	Syringomyelia
759.89	TAR Syndrome
756.4	Thanotophoric Dysplasia
759.5	Tuberous Sclerosis
270.2	Tyrosinemia, Type I (Tyrosinosis) and Type II (Richner-Hanhart Syndrome)
999	Undisclosed
759.89	VATER Syndrome
758.32	Velo-cardio-facial Syndrome
270.2	Waardenburg's Syndrome, Type I
335	Werdnig-Hoffman Disease
759.89	Williams Syndrome
275.1	Wilson's Disease
272.7	Wolman's Disease (Triglyceride Storage, Type III)
757.33	Xeroderma Pigmentosum

Order by ICD-9 Code

ICD-9	Diagnosis
46.2	Subacute Sclerosing Panencephalitis
191.6	Cerebellar Astrocytoma
237.7	Neurofibromatosis
243	Hypothyroidism (Untreated), Congenital
253	Cerebral Gigantism (Soto's Syndrome)
255.1	Bartter's Syndrome
259.8	Leprechaunism
270	Fanconi (-de Toni) (-Debre) Syndrome
270.1	Phenylketonuria (PKU)
270.2	Tyrosinemia, Type I (Tyrosinosis) and Type II (Richner-Hanhart Syndrome)
270.2	Waardenburg's Syndrome, Type I
270.3	Maple Syrup Urine Disease
270.3	Methylmalonic Aciduria without Glycinemia, Group 5
270.4	Homocystinuria
270.6	Argininosuccinic Aciduria
270.7	Glycinemia
270.7	Methylmalonic Aciduria with Glycinemia, Groups 1, 2, 3, 4
270.8	Oculocerebrorenal Syndrome (Lowe's Syndrome)
271	Pompe's Disease (Glycogen Storage Disease)
271.1	Galactosemia
271.8	Fucosidosis
271.8	Mannosidosis
272.7	Gaucher’s Disease
272.7	Mucolipidosis
272.7	Niemann-Pick Disease, Classic Infantile and Juvenile
272.7	Wolman's Disease (Triglyceride Storage, Type III)
272.8	Farber (-Uzman) Disease
275.1	Wilson's Disease
277.2	Lesch-Nyhan Syndrome
277.5	Mucopolysaccharidosis
277.8	Isovaleric Acidemia
279.11	DiGeorge's Syndrome
281.4	Orotic Aciduria
299	Autism, Current or Active State
299.8	Asperger's Syndrome
299.8	Pervasive Development Disorder (PDD), Unspecified
330	Adrenoleukodystrophy
330	Canavan Disease
330	Krabbe's Disease
330	Metachromatic Leukodystrophy
330.1	GM1 Gangliosidosis
330.1	GM2 Gangliosidosis (Tay-Sachs or Sandhoff Disease)
330.1	Neuronal Ceroid Lipofuscinoses (Amaurotic Familial Idiocy)
330.1	Neuronal Ceroid Lipofuscinoses (Batten Disease)
330.1	Neuronal Ceroid Lipofuscinoses (Jansky-Bielschowsky Syndrome)
330.1	Neuronal Ceroid Lipofuscinoses (Kufs Disease)
330.1	Neuronal Ceroid Lipofuscinoses (Spielmeyer-Vogt Disease)

ICD-9	Diagnosis
330.8	Alper's Disease (Poliodystrophy)
330.8	Leigh Disease
330.8	Rett Syndrome
331.4	Hydrocephalus, Obstructive (Acquired Hydrocephalus, NOS)
331.89	Cerebral Ataxia, Congenital
333	Hallervorden-Spatz Syndrome (Globus Pallidus Pigmentary Degeneration)
333.6	Dystonia Musculorum Deformans (Torsion Dystonia)
333.7	Symptomatic Torsion Dystonia
334.8	Ataxia Telanglectasia
335	Werdnig-Hoffman Disease
336	Syringomyelia
342.9	Hemiplegia (Hemiparesis), Unspecified
343	Cerebral Palsy, Infantile, Diplegic (Congenital Diplegia, Paraplegia)
343.1	Cerebral Palsy, Infantile, Hemiplegic (Congenital Hemiplegia)
343.1	Hemiplegia, Congenital (Spastic Infantile Paralysis)
343.2	Cerebral Palsy, Infantile, Quadriplegic
343.3	Cerebral Palsy, Infantile, Monoplegic
343.4	Hemiplegia, Infantile (Postnatal), NOS
343.8	Cerebral Palsy, Infantile, Other Specified
343.9	Cerebral Palsy, Infantile, Unspecified
344	Paralysis of All Four Limbs (Quadriplegia, Quadriparesis,)
344.1	Paralysis of Both Lower Limbs (Paraplegia)
344.2	Paralysis of Both Upper Limbs (Diplegia)
344.3	Paralysis of One Lower Limb (Monoplegia)
344.4	Paralysis of One Upper Limb (Monoplegia)
344.8	Paralysis, Other Specified
344.9	Paralysis, Unspecified
345	Epilepsy, Generalized Nonconvulsive
345.1	Epilepsy, Generalized Convulsive
345.1	Lennox-Gastaut Syndrome (Gastaut's Syndrome)
345.4	Epilepsy, Partial, with Impairment of Consciousness
345.5	Epilepsy, Partial, without Impairment of Consciousness
345.6	Infantile Spasms, Epilepsy (Infantile Myoclonic Seizures)
345.9	Epilepsy, Unspecified
348.1	Encephalopathy, Hypoxic Ischemic
348.3	Encephalopathy, Static
348.3	Myoclonic Encephalopathy of Childhood (Kinsbourne Syndrome)
348.8	Periventricular Leukomalacia (PVL), Other than Perinatal Origin
352.6	Mobius (-Poland) Syndrome (Congenital facial diplegia, Mobius II)
356	Hypertrophic Interstitial Neuritis (Dejerine-Sottas or Gombault's)
358	Myasthenia Gravis, Familial Infantile
359	Muscular Dystrophy, Congenital
359	Nemaline Rod Myopathy
359.1	Duchenne Muscular Dystrophy
359.2	Myotonia Congenita (Thomsen's Disease)
359.2	Myotonic Dystrophy
359.9	Myopathy Unspecified
431	Intracerebral Hemorrhage
437.9	Anoxic Insult to Brain

ICD-9	Diagnosis
553.3	Diaphragmatic Hernia
579.3	Short Bowel Syndrome
714.3	Juvenile Rheumatoid Arthritis
728.11	Myositis Ossificans Progressiva
728.3	Arthrogryposis
736.71	Paralytic Clubbed Foot
740	Anencephaly
741	Spina Bifida with Hydrocephalus (Arnold Chiari / Chiari II)
741.9	Spina Bifida without Hydrocephalus (Meningomyelocele, Meningocele)
742	Encephalocele
742.1	Microcephaly
742.2	Agenesis of the Corpus Collosum
742.2	Holoprosencephaly
742.2	Lissencephaly
742.2	Polymicrogyria
742.2	Reduction Deformity of Brain
742.3	Dandy Walker Syndrome
742.3	Hydrancephaly (Congenital Hydrocephalus)
742.4	Cerebral Cysts, Congenital
742.4	Heterotopia
742.4	Porencephaly
742.51	Diastematomyelia
742.8	Familial Dysautonomia (Riley-Day Syndrome, HSAN III)
742.9	Cerebral Dysplasia
742.9	Encephalopathy, Congenital
743.06	Cryptopthalmos Syndrome
743.51	Persistent Hyperplastic Primary Vitreous
743.8	Norrie's Syndrome (Andersen-Warburg's Syndrome)
747.49	Scimitar Syndrome
749	Cleft Palate
749.1	Cleft Lip
749.2	Cleft Palate with Cleft Lip
751	Meckel's Disease (Meckel's Diverticulum)
754	Plagiocephaly
754.7	Clubfoot, Congenital
755.21	Amelia, Upper Limb
755.31	Amelia, Lower Limb
755.4	Amelia, Unspecified as to Site
755.4	Phocomelia, Unspecified
755.4	Reduction Deformity of Limbs
755.55	Acrodysostosis (Acrodysplasia I)
755.55	Apert's Syndrome (Acrocephalosyndactyly I, ACS I)
755.55	Saethre-Chotzen Syndrome (Chotzen's, Acrocephalosyndactyly III)
755.58	Cleft Hand, Congenital
755.8	Larsen's Syndrome
756	Crouzon's Disease (Craniofacial Dysostosis)
756	Goldenhar's Syndrome (Oculoauriculovertebral Dysplasia)
756	Mandibulofacial Dysostosis (Franschetti-Klein Syndrome)
756	Robin’s Syndrome

ICD-9	Diagnosis
756.13	Lumbosacral Agenesis
756.4	Achondrogenesis I (Parenti-Fraccaro Syndrome)
756.4	Achondrogenesis II (Langer-Saldino Syndrome)
756.4	Achondroplasia
756.4	Chondrodysplasia Punctata Syndromes (Calcificans Congenita)
756.4	Diastrophic Dysplasia
756.4	Dyggve-Melchior-Clausen Syndrome (D-M-C Dwarfism)
756.4	Kniest's Syndrome (Metatrophic Dwarfism II)
756.4	Thanotophoric Dysplasia
756.5	Osteodystrophy, Congenital
756.51	Osteogenesis Imperfecta Syndromes
756.54	Cloverleaf Skull-Kleeblatscadel
756.71	Prune Belly Syndrome
756.79	Gastroschisis, Congenital
756.83	Cutis Laxa Syndromes, Recessive Form
756.83	Ehlers-Danlos Syndromes
756.9	Cerebrocostomandibular (Smith-Theiler-Schachenmann) Syndrome
756.9	Poland's Syndrome (Pectoralis Muscle Deficiency-Syndactyly)
756.9	Spondyloepiphyseal Dysplasia (SED)
757.1	Ichthyosis Congenita (Harlequin Fetus)
757.1	Sjogren-Larsson Syndrome
757.33	Xeroderma Pigmentosum
758	Chromosomal Anomalies - 10p+
758	Chromosomal Anomalies - 10q+
758	Chromosomal Anomalies - 11p-
758	Chromosomal Anomalies - 12p-
758	Chromosomal Anomalies - 13q-
758	Chromosomal Anomalies - 13q+
758	Chromosomal Anomalies - 18q-
758	Chromosomal Anomalies - 21q-
758	Chromosomal Anomalies - 22q-
758	Chromosomal Anomalies - 3q+
758	Chromosomal Anomalies - 4p-
758	Chromosomal Anomalies - 4p+
758	Chromosomal Anomalies - 4q-
758	Chromosomal Anomalies - 4q+
758	Chromosomal Anomalies - 7q+
758	Chromosomal Anomalies - 9p-
758	Chromosomal Anomalies - 9p+
758	Chromosomal Anomalies - 9q-
758	Chromosomal Anomalies - Triploidy
758	Chromosomal Anomalies - Trisomy 14q1
758	Chromosomal Anomalies - Trisomy 21 (Down Syndrome)
758	Chromosomal Anomalies - Trisomy 22
758	Down Syndrome
758.1	Chromosomal Anomalies - Trisomy 13 (Patau's, D1)
758.2	Chromosomal Anomalies - Trisomy 18 (Edward's, E3)
758.3	Chromosomal Anomalies - 5p- (Cri Du Chat or Cat's Cry)
758.32	Velo-cardio-facial Syndrome

ICD-9	Diagnosis
758.5	Chromosomal Anomalies - Trisomy 8
758.6	Chromosomal Anomalies - XO (Turner's Syndrome)
758.7	Chromosomal Anomalies - XXY (Klinefelter's Syndrome)
758.81	Chromosomal Anomalies - XXXXX
758.81	Chromosomal Anomalies - XXXXY
758.81	Chromosomal Anomalies - XXXY
759.5	Tuberous Sclerosis
759.6	Sturge-Weber Syndrome
759.7	Hypoglossia - Hypodactylia Spectrum (Hanhart's II Syndrome)
759.81	Prader-Willi Syndrome
759.82	Beals' Syndrome (Beals-Hecht Syndrome)
759.82	Marfan's Syndrome
759.83	Fragile X Syndrome
759.89	Angelman's Syndrome
759.89	Beckwith-Wiedemann Syndrome
759.89	Biedl-Bardet Syndrome
759.89	Camptomelic Dysplasia (CMD I, Camptomelic Dwarfism)
759.89	Carpenter Syndrome (Acrocephalopolysyndactyly)
759.89	Caudal Regression Syndrome (Sirenomelia)
759.89	Cerebrohepatorenal Syndrome
759.89	CHARGE Syndrome (CHARGE Association)
759.89	Cockayne Syndrome (Neill-Dingwall Syndrome)
759.89	Coffin-Lowry Syndrome
759.89	Coffin-Siris Syndrome (Fifth-Digit Syndrome)
759.89	DeLange’s Syndrome
759.89	Dubowitz Syndrome
759.89	Holt-Oram (Cardiac-Limb) Syndrome (Atriodigital Dysplasia)
759.89	Johanson-Blizzard Syndrome
759.89	Klippel-Trenaunay-Weber Syndrome
759.89	Langer-Giedion Syndrome (Acrodysplasia V, Klingmuller's)
759.89	Linear Nevus Sebaceous Syndrome
759.89	Menkes' Syndrome (Kinky Hair Disease)
759.89	Noonan's Syndrome
759.89	Oral-Facial-Digital Syndrome
759.89	Otopalatodigital Syndrome
759.89	Roberts' Syndrome (Appelt-Gerken-Lenz Syndrome)
759.89	Rubinstein-Taybi Syndrome
759.89	Russell (-Silver) Syndrome
759.89	Sialidosis
759.89	Smith-Lemli-Opitz Syndrome
759.89	TAR Syndrome
759.89	VATER Syndrome
759.89	Williams Syndrome
760.71	Fetal Alcohol Syndrome
762.8	Amniotic Band (affecting fetus or newborn)
767.6	Brachial Plexus Injury, Perinatal Origin (Erb's Palsy)
771.1	Cytomegalic Inclusion Disease, Congenital
772.14	Intraventricular Hemorrhage, Grade IV (Periventricular Venous Infarction)
779	Convulsions in Newborn (Newborn Seizures)

ICD-9	Diagnosis
779.5	Drug Withdrawal Syndrome
779.7	Periventricular Leukomalacia (PVL), Perinatal Origin
779.8	Hypotonia, Congenital, Non-Benign Form
780.3	Seizures (Convulsions), Isolated and Nonrecurrent
780.39	Seizure Disorder, NEC (Convulsive Disorder, Other)
783.41	Failure to Thrive
784.3	Aphasia (Acquired)
806	Fracture of Vertebral Column with Spinal Cord Injury
952	Spinal Cord Injury
953.4	Brachial Plexus Injury, Post-Perinatal Origin
999	Undisclosed

DARS ECI

Security Agreement

The following policy is necessary to ensure the security and integrity of confidential ECI client and administrative data which will be accessed via ECI web-based applications on the DARS Network. The DARS ECI web applications are automated systems maintained by the Department of Assistive and Rehabilitative Services (DARS). For purposes of this agreement, Provider shall mean each employee or staff person working for the Contract Provider. Please read the following agreement thoroughly before signing.

INSTRUCTIONS:

1. A separate form must be completed by each user for each program to which access is requested.
2. The form must be signed by the user, whose signature indicates agreement with the security policies and procedures detailed on this page and on Page 2.
3. Provider staff seeking access must obtain the approval of their ECI Program Director.
4. Fax the completed agreement to 512-424-6834 to the attention of TKIDS.
5. If a user is terminated, the ECI Program Director must submit a completed copy of this form with the appropriate Remove box/es checked, and enter the termination date in the TKIDS employee record. The ECI Provider will be held responsible for all transactions completed by their staff while accessing the DARS Network and ECI applications.

ADD: ☐ **TKIDS ACCESS** ☐ **TRAD ACCESS**	**REMOVE:** ☐ **TKIDS ACCESS** ☐ **TRAD ACCESS**
TKIDS Security Level – Check one box only if adding or modifying TKIDS access: ☐ 1 - Read Only Case information ☐ 2 - Case User Case information ☐ 3 - Case Admin Case, Employee, & Program information	
Agency Name:	**Office Location** (City):

USER INFORMATION (Please type or print clearly)

First Name:	Middle Initial:	Last Name:
Work Telephone:		
Enter the last Four Digits of the Social Security Number below:		

APPROVAL

Program Director Name (Print):
Program Director Signature:
Date:
Office Use Only:
ECI Approver Name (Print):
ECI Approver Signature:
Date:

DARS ECI SECURITY AGREEMENT

I understand I will receive a User Identification Code (User ID/Login) and a password that will allow me access to the ECI web applications. I understand that I am responsible for any actions performed under my User ID. I agree to change my password immediately if I know or suspect that my password has been compromised (if, for example, someone learns my password or it becomes known during problem functions).

I have read Page 2 (Appendix A, DARS ECI Security Agreement) of this agreement related to data security and data confidentiality and agree to follow all policies and procedures as defined. I understand that the policies and procedures stated above and on Page 2 apply to all security codes I receive to conduct state-related business. I understand that failure to follow the policies, procedures, and laws of the State of Texas may result in loss of access to the web page application as well as civil and/or criminal prosecution.

User's Signature:	**Date:**

Texas Penal Code, Title 7,33.02 Breach of Computer Security, states:

(a) A person commits an offense if the person knowingly accesses a computer, computer network, or computer system without the effective consent of the owner.

(b) A person commits an offense if the person intentionally or knowingly gives a password, identifying code, personal identification number, debit card number, bank account number, or other confidential information about a computer security system to another person without the effective consent of the person employing the computer security system to restrict access to a computer, computer network, computer system, or data.

(c) An offense under this section is a Class A misdemeanor unless the actor's intent is to obtain a benefit or defraud or harm another, in which event the offense is:

(1) a state jail felony if the value of the benefit or the amount of the loss or harm is less than $20,000; or

(2) a felony of the third degree if the value of the benefit or the amount of the loss or harm is $20,000 or more.

(d) A person who is subject to prosecution under this section and any other section of the code may be prosecuted under either or both sections.

Security Policies and Procedures

Providers accessing DARS systems and information are restricted to that which is necessary to perform assigned duties and is for approved official agency business purposes only. Providers are prohibited from accessing any automated system, subsystem, or automated storage medium for which they have not previously received proper authorization. Providers are prohibited from altering any data or database other than that which is specifically authorized as required in the performance of assigned work.

The operator must sign off the application each time he/she leaves or whenever the terminal is unattended.

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Provider supervisors must notify the DARS ECI TKIDS staff of staff terminations, prior to the staff person's last day or employment in the current position, to coordinate removal of access to the web page.

Any issued ID and/or password is for official state-approved business only. Providers will safeguard and will not disclose their password or any other authorization that allows access to confidential information, except as permitted by law. Passwords should be a minimum of seven (7) characters which includes at least one number and one special character and not make use of initials, names, or something easily guessed. If a password is forgotten, becomes unusable or is compromised, the user should contact the DARS Help Desk at 1-866-405-4537 to have the password reset.

Information which may come to the Provider's knowledge while using the DARS ECI applications is confidential and must only be used as needed to perform legitimate duties. This means, among other things, that you will only access confidential information for which you have a need to know; you will not in any way divulge, copy, release, sell, loan, review, alter or destroy any confidential information except a properly authorized within the scope of your job duties; and you will not misuse confidential information or carelessly handle confidential information.

If Providers have any questions or problems, they are to immediately report the situation to ECI TKIDS staff.

Providers agree, by signing this agreement, that they understand the stated policies and procedures and that these apply to all security codes the Provider receives to conduct state-related business. Providers further understand that failure to follow the policies and procedures, and laws of the State of Texas may result in loss of access to DARS computer system(s) and their ability to perform any duties on DARS systems. Failure to follow these policies and procedures may result in disciplinary action under any contract which the Provider may have with DARS, which may include termination of the contract. Under certain circumstances, the violation of the policies against the use of the equipment and the confidentiality of information may result in criminal prosecution.